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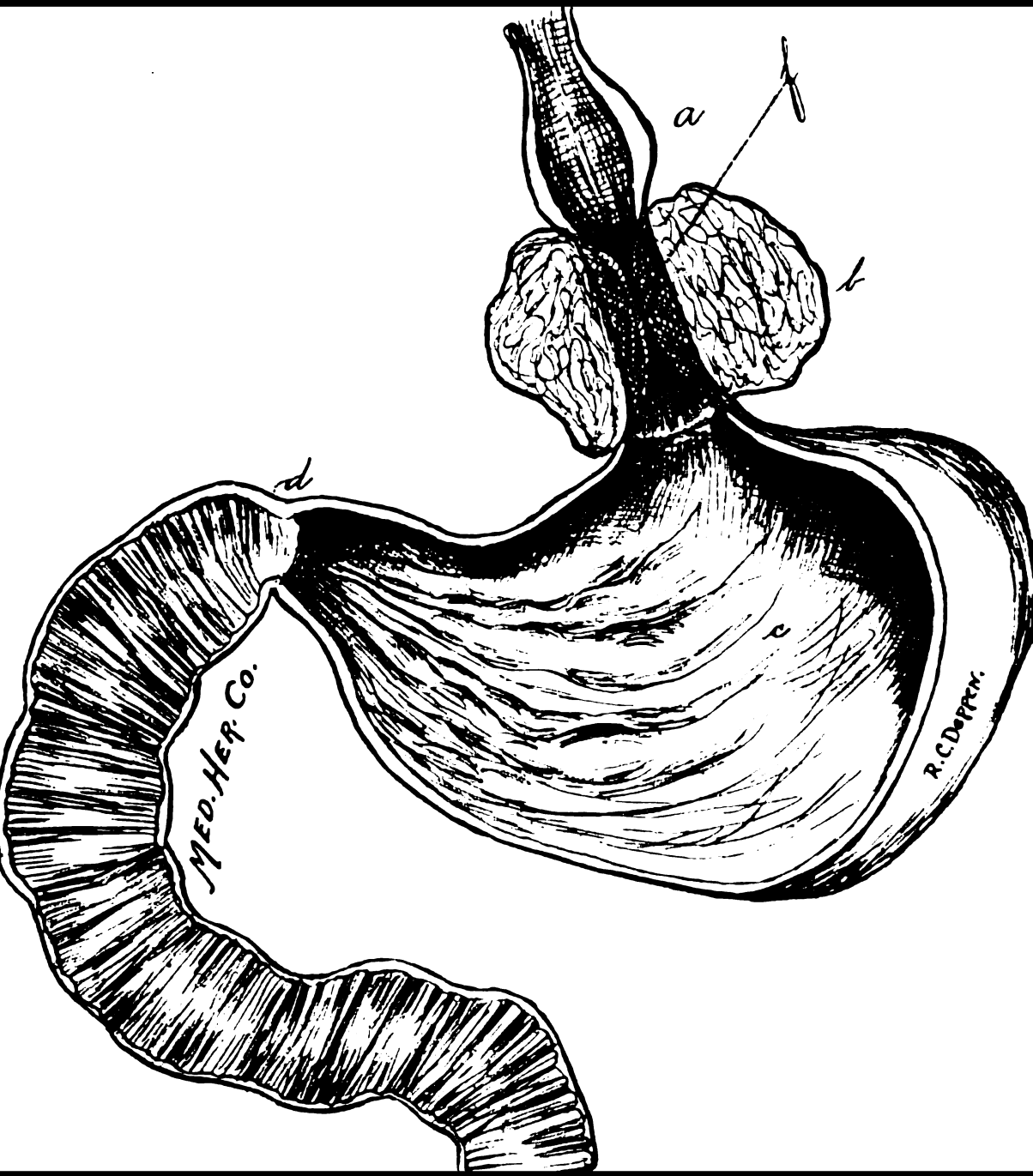

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THE MEDICAL HERALD

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Contributed Articles

[EXCLUSIVELY FOR THE MEDICAL HERALD.]

*The Neatest Circumcision.**

By BRANSFORD LEWIS, M. D., St. Louis.

Lecturer on Genito-Urinary Surgery and Venereal Diseases, Missouri Medical College; Consulting Genito-Urinary Surgeon to the Baptist Sanitarium; Consultant in Genito-Urinary Surgery to the Missouri Pacific Hospital, the City Hospital, the Female Hospital, and to St. Mary's Infirmary, Saint Louis; member of the American Association of Genito-Urinary Surgeons; the National Association of Railway Surgeons, etc.

Much ingenuity has been bestowed on the seemingly little operation of circumcision, and many different instruments and forms of instruments have been devised with a view to perfecting it in the ease and celerity of its performance and the beauty of its effect.

The older operation—that of following the removal of the tegumentary portion with a dorsal slit, and then resecting the mucous portion of the foreskin—is largely in use, even at the present day, notwithstanding its many disadvantageous and ungainly features. It is slow of performance—an especially unattractive feature, from the patient's standpoint. With it, the unpracticed hand is liable to take off too much or too little of the prepuce, making a result that may not be commendable from an esthetic point of view. In its execution at least three cuts are necessary, and with cocaine it is difficult to obtain effective anesthesia of so much tissue as is involved

*Read before the Mississippi Valley Medical Association, at Hot Springs, Ark., Nov. 23d, 1894.

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in these several cuts, rendering repeated injections of the agent necessary. The suturing is awkward, to say the least, and if not done with skillful celerity cocainization is liable to pass off before it is finished—evoking the plaints and criticisms of a nervous patient. And, finally, the suture-line cannot approach the mathematical precision afforded by the operation in which the sutures are placed before the cutting is done, with a fixed clamp for a support and guide.

Later operations, intending to obviate these drawbacks, have been described. Skillern's and Briggs' fenestrated clamps enable the operator to do the sewing before the cutting, but in my experience, with these alone it is next to an impossibility to obtain a sufficiently short inner (mucous) layer of foreskin; on cutting off the skin in front of the clamp, the inner layer is found to cap the glans and leave only a small preputial orifice—necessitating additional shortening of that layer, together with removal and replacing of the sutures already piercing it, or, as Dr. Briggs' (through his assistant) suggests, "dividing the membrane on the dorsum between the sutures," to remedy the defect.

With the operation and instruments I wish to present, one cut completes that part of the procedure, no appended cutting being required; no reconstruction of suturing is ever necessary, and the suture-line need never be marred or serrated to give freedom to a too long and tight mucous layer of prepuce—and yet, in it, the suturing precedes the cutting, it is done with the clamp for a guide and support, conducing to ease and rapidity; hemorrhage is practically nil, and the patient reads the newspaper throughout its performance, so complete is cocainization. And, further, because of the exactitude of apposition and lack of interference with the wound-edges either by irregular cutting or suffusing them with cocaine solution, healing is accomplished with a promptitude that I have never seen following any of the other operations.

The procedure is carried out in the following manner: Having secured a thoroughly aseptic condition of the penis by washing, etc., its body is encircled at about its base with an ordinary small-sized rubber band, for hemostasis, and to prevent cocaine-absorption into the system. The assistant adjusts the tractor (long arm upwards), as seen in Fig. I. He distends the arms sufficiently to firmly engage the serrations in the inner surface of the prepuce, and to draw on the latter, pulling on its *mucous* layer especially. While repressing the glans penis, the operator next applies the clamp, as in Fig. II. Since no cocaine has yet been injected, only moderate traction and clamp-pressure are exerted. Beginning now at the dorsal fold, a long hypodermic needle (2½ or 3 inches) is inserted between the mucous and tegumentary layers of each side of the foreskin, enough of the cocaine solu-

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tion (10 per cent strength), to prevent pain, being injected as it is advanced. It must be carried as far as the frenum. Abundant solution may be used, as both the clamp and the rubber bands lay between it and possibility of general absorption, obviating danger of cocaine poisoning.

With completion of anesthetization, the traction is to be strongly increased by the assistant, while the operator places six double-length (10-inch) cat-gut sutures, running them at once clear through the four layers of foreskin. With strong scissors the prepuce is now removed, cutting close to the clamp, and this at the same time discontinues the use of the tractor.

The assistant opens the clamp, allowing the operator to hook up and grasp with two pairs of pinceps the sutures at their middle between the apposed prepuce-layers. On cutting the threads between these two pinceps, two rows of sutures are found to be placed ready for tying. The clamp is removed, the rubber bands are cut, the one or two bleeding vessels secured, and two additional sutures are placed at positions previously occupied by the tractor, viz., at the frenum and the dorsum; whereupon, with the tying of the sutures, the operation is completed—usually in about sixteen minutes.

The result then presenting is the only actual and living reproduction, which I have ever seen, of the very symmetrical and attractive-looking circumcision that text-books are wont to picture. My dressing consists of a square of antiseptic gauze, perforated for the meatus, and powdered with Fehr's borated talcum. This is lightly secured with moistened crinoline bandage, after which my dressing-retainer (Fig. III) is adjusted, with the penis directed upwards.

The patient walks without the slightest difficulty, and is at his usual employment on the following day. Healing occurs in from four to six days. At the second dressing (two days after the operation) I often find it of advantage to dress with an antiseptic ointment instead of a dry dressing; it allows of freer movement to the penis and allays any irritation connected with the swelling of the glans, etc.

The A. S. Aloe Company, of St. Louis, has succeeded admirably in constructing the instruments herewith presented. The curvature of the clamp affords increased room for the glans penis, which, in its adjustment, is squeezed down as flat as possible.

The one precaution that I would impress on the beginner with this operation, is to see that his assistant makes strong traction with the tractor at the time of introducing the sutures, bearing in mind that too much cannot easily be exerted, and that the danger of a fault lies in the direction of getting a too long mucous layer to the future prepuce. If this precaution is observed the result will be exactly correct.

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Circumcision Tractor.

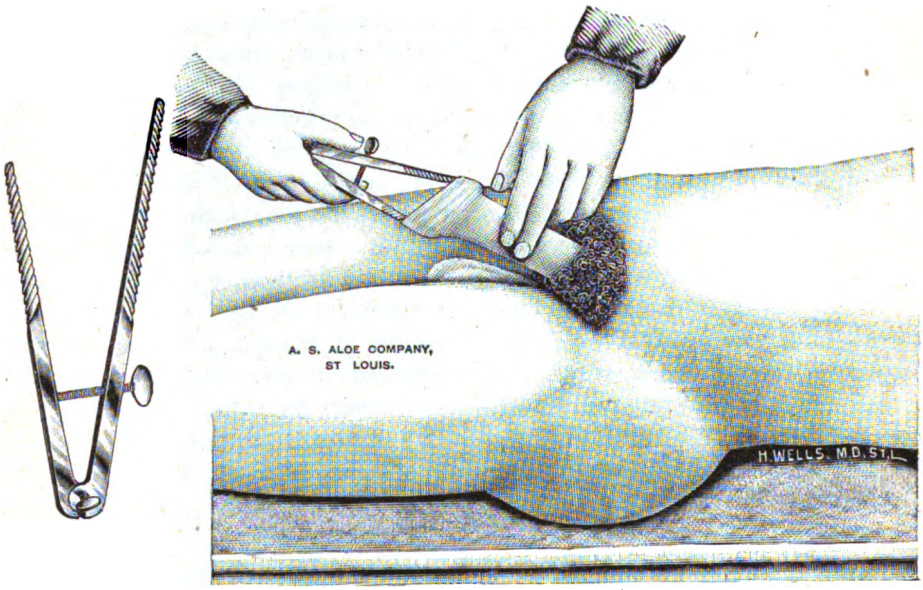

Fig I. Application of Tractor.

Circumcision Clamp.

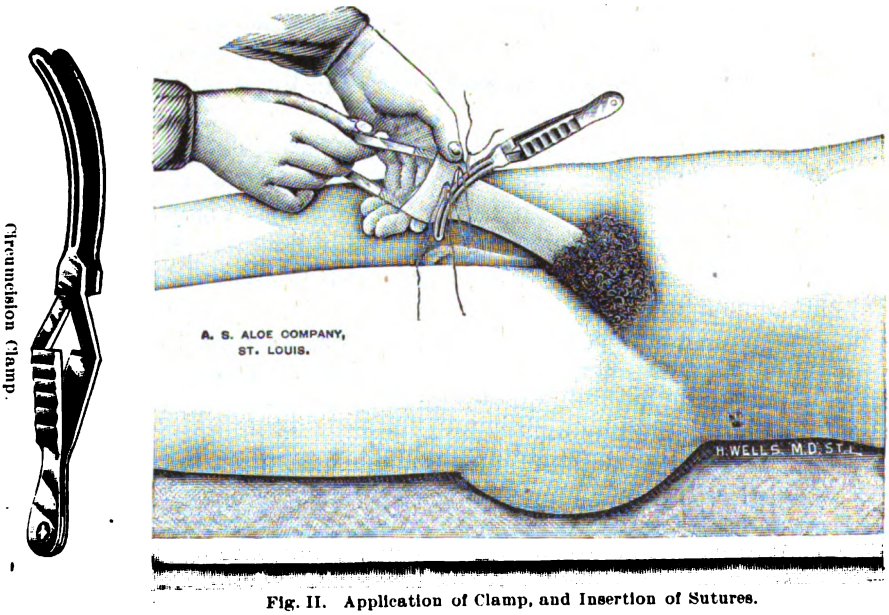

Fig. II. Application of Clamp, and Insertion of Sutures.

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On the Pathology of Enlarged or Hypertrophied Prostate.

BY REGINALD HARRISON, F. R. C. S.,

Surgeon to St. Peter's Hospital, London.

IT IS now some years since I brought under the notice of the profession† certain views that had been gradually forcing themselves upon me, in reference to the pathology of enlarged or hypertrophied prostate as we see it coincident with advancing years. These opinions were for the most part, formed in connection with the surgery of the part in which I have been considerably engaged. Without wishing to occupy space by quotations I might adduce from various writings, I cannot help recognizing that these views seem to have commended themselves to many, and are further supported by facts which are difficult to explain by any other hypothesis.

It is hardly necessary for me to state that since these observations were put forward important changes have been made in the manner of examining the prostate, and of dealing with it when it is found to be in certain states of disease, by the introduction and general acceptance of the supra-pubic method of exploration. We have within this period been brought, so to speak, face to face with the enlarged prostate, and our means of testing matters of opinion have been extended. I do not shrink from the increased light that has thus been thrown upon the whole subject, but shall hope in the course of this paper to show that my views in reference to this question have thereby been strengthened. It will be necessary for me to make a few prefatory remarks.

In advocating what I would speak of as the muscular theory in explanation of hypertrophy of the prostate, I am not aware I ever denied that the prostate was dissociated from the genital function. I have referred to it as "a muscle containing a tolerably large proportion of glandular or secreting tissue embedded in it," and though failing to see evidence showing that it is engaged in elaborating the secretion of the testicles, I adopt the view of Dr. Handfield Jones‡ expressed in the following words. Its function relative to the sexual act is "in supplying a vehicle which enables the fecundating fluid to act with greater certainty over a larger area, whilst at the time it supplies a muscular buttress against which the ejaculatory muscles of the urethra may advantageously act in the emission of the semen." It is, therefore, I believe, to this extent, a compound organ, and I am not aware

†The Causation and Nature of Hypertrophy of the Prostate; Lancet, March 6, August 28, and December 4, 1886.

‡London Medical Gazette, Vol. V, 1847.

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that any one has ventured to bring forward any arguments contravening this limitation of duality. Nor shall I have occasion to call in question the structural composition of the parts, as now generally accepted. It is the function of the prostate and what arises out of it that I shall confine my attention to here.

It would seem in the face of the study that has for centuries, I may say, been devoted to this pathological problem by many of the most ardent workers that have adorned our profession, somewhat venturesome on my part, and no one feels this more than I do myself, to offer anything which may be regarded as a possible explanation of a change so remarkable and yet so constant. Still, however, there appear to me to be facts which tend to point in one direction, and from the interpretation of which, truth in some degree may eventually come, if not by me, at all events out of the reflections that the consideration of such facts may suggest to others.

I have just stated that I regard senile enlargement of the prostate as an example of a muscular hypertrophy analogous with other similar kinds of overgrowth, and arising out of the muscular functions in which the part is unceasingly engaged. It is of the first importance that the muscular action of this organ should be clearly established, for unless this can be done the whole of my argument necessarily falls to the ground.

The difficulty that has hitherto arisen in providing this explanation, is in some measure due to the isolated manner in which the prostate has been studied. It has suffered, if I may be allowed to say it, by being too much specialized, and a tendency has naturally arisen to regard it as an individual and independent organ, and not in the light of a component part of a system of never-ceasing activity.

Analogies, when based upon correct interpretations, are often of much assistance in the study of some apparently abstruse laws governing pathological processes. How absolutely impossible, for instance, it would be to understand or explain hypertrophy of the heart or those local changes which occur in some of the blood vessels, unless those parts were regarded not as so many chambers or tubes but as component portions of a single circulatory system, and it is in this way that the interpretation of the function and pathology of the prostate has to some extent suffered. It has been urged that though the prostate is, in some measure, engaged in the process of micturition, the fact that it is used for this purpose half a dozen times or so in the twenty-four hours is hardly sufficient to account for its own growth. This, I would emphasize, is merely the casual part the organ plays in what we generally regard as a voluntary act.

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Such a limited view as this implies is, in a large measure, due to the habit we have acquired of taking our ideas of the living organ from the condition it presents after death, when removed from the body in a more or less contracted state, somewhat resembling a Spanish chestnut in shape. This is no more like the living prostate than the dead heart resembles the one in full vigor and activity. The prostate assumes, I believe, no such appearance during life, except on the rare occasions when the bladder is absolutely empty, but on the contrary, the muscular fibres of which it is so largely composed are spread out like a funnel, so as to furnish a contractile support for the bladder, as well as its varying contents. This disposition is probably best appreciated by examination by the rectum when the patient is in the erect and semi-erect positions, with the bladder empty, as well as in various degrees of repletion.

Though the existence of a prostate is not limited to man, I am not aware that in any animal it undergoes a change analogous with the senile enlargement, as observed in the human species. Hence, though enlargement of the prostate and the habit of maintaining the erect position may be mere coincidences, this fact cannot be allowed to pass unnoticed.

And as the normal prostate is in this funnel-shaped manner spread out, so is it when it is enlarged. We are often surprised to find after death, or by a supra-pubic incision, how much smaller the prostate turns out to be as compared with what it was when examined during its functional existence by the finger in the rectum. Unless this continuous muscular action of the prostate in supporting the contents of the bladder in accordance with the degree required, as well as in minimising the effects of shock applied to the body, is fully appreciated, it is impossible to understand how the functions of the viscus can be discharged without some other provision than that afforded by a mere fibrous floor.

And I would here remark that it was not until I recognized the funnel-shaped manner in which, during life, the prostate was disposed in contradistinction to the contracted mass presented after death, that I could find no explanation for certain results following different lesions of the part, as for instance, in the various perineal incisions made for the removal of stone by lithotomy. Why an incision into the prostate radiating from the urethra passing through it, and not, as a rule, dividing more than one-third of the solid mass presented by the dead prostate, should be followed by absolute incontinence of urine for some days, seemed difficult to understand when so much of the circumference remains intact. Such a result, however, at once became tangible when we recognized that the incision, though limited, absolutely destroyed, until repair took place, the capability of a cone-shaped muscle to contain fluid.

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I have said the male bladder, as in its mechanical arrangements it has little in common with that of the opposite sex. In the latter the process of micturition and the axis of urine pressure relative to the pelvic outlet are different, whilst there is an absence of provision for ejaculation of semen, or even any direct connection with the genital function. In the female the manner in which the bladder is supported when distended, has a resemblance to what is found in some quadrupeds.

Further, the surgery of the part furnishes evidence in various ways of the muscular power of the prostate, some of which I will briefly mention. Openings may be made into the urethra in any part of its course as high up as what we term the apex of the prostate, without incontinence of urine following. In cases of lithotomy by the median operation patients often retain full control over the bladder during the whole period of their convalescence, in spite of the dilatation to which the prostate has been subjected by the introduction of the finger and the extraction of the stone. Directly, however, the knife impinges to any appreciable extent on the prostate, as in the lateral operation for stone, incontinence from that moment takes place; the patient has no command over his urine, he can neither collect nor expel it; and in this condition he remains until the healing process has made considerable advance. Some instances I have examined where permanent incontinence of urine followed the operation of lateral lithotomy appear to have been connected with the complete division of the prostatic circumference by too free an incision. I can hardly see how such a consequence as this could happen if the prostate, during life, presented the appearance of the contracted mass we are accustomed to look at after death.

In cases of extroversion of the bladder where there is no receptacle for the urine, the prostate is met with only in a rudimentary form. In advanced life, so far as I have been able to ascertain, hypertrophy never occurs in these malformations, though their sexual desires are often vigorous.

I have recorded a case* where incontinence of urine in a boy appeared to be associated with an arrest in the development of the prostate. This, however, may merely be a coincidence, as at this period of life this part exists only in a very rudimentary form.

In an instance† of excision of the entire prostate I performed for malignant disease, although the patient recovered completely from the operation and lived over fourteen months afterwards, during the greater portion of which time he followed an active and laborious occupation, control over the bladder was lost. To provide against the incontinence the patient was

*Surgical Disorders of the Urinary Organs, Fourth Edition. 1893. Churchill.
†Ibid —(To preceding foot-note)

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fitted with a sort of truss which, by exercising pressure on the urethra below the arch of the pubes, enabled him to prevent the involuntary escape of urine, and to go about his work.

Before proceeding to point out the steps by which prostatic enlargement, as it seems to me, is brought about, I would mention one or two points which are generally admitted in connection with the natural history of this growth. In the first place, there can be no doubt though a considerable proportion of elderly males develop it, only a minority suffer from any effects on the urinary apparatus it may produce. If such a growth serves no useful purpose it is difficult to understand how this can be, and why we should draw our conclusions as to the process being a morbid one from the lesser number of instances of it, than the greater. It is a matter of common observation to find persons with largely hypertrophied prostates and yet showing no other structural defect either in the capacity of the bladder to contain or to fully expel the urine for which it acts as a reservoir. Nor with proper safeguards is it necessary that persons so situated should develop any trouble arising out of an enlarged prostate, calculated either to shorten or to render their lives otherwise than normal.

Another point is also worthy of notice in this place. The process of hypertrophy involves no structural substitution or the importation of tissue foreign to the part, other than those degenerations, such as the fibrous, to which the human body is liable. Hence we are narrowed down to offering an explanation as to the purpose for which this excess of normal structure is called in existence.

I will pass on to notice somewhat in detail, the processes connected with prostatic hypertrophy when from the symptoms it produces and leads to, it cannot be regarded as either compensatory or innocuous.

I would here observe that in studying pathological lesions more particularly in relation to function, that instances can be found in the human body where defects may call into existence such compensatory changes as eventually themselves constitute disease. A very small lesion, for instance, in the mechanism of the heart, if it happens at the right spot, is capable of producing an hypertrophy which, though first compensatory, by and bye, proves to be a source of disorder. This prostate, in the course of its growth, so as to form a buttress or support for the most dependent portion of the bladder, tends to project in directions where the resistance is least, and to form, by the fibrous degeneration these portions undergo, those obstructing masses with which we are familiar. Nor, though the whole gland is eventually more or less involved in the hypertrophy, can we fail to observe that in these changes the posterior segment, where it exists, is usually primarily and principally involved.

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I have already laid stress on the importance of not regarding the normal prostate merely in the light of an individual organ, but as forming a part of the genito-urinary system, and thus relatively to the whole. And this holds good with its pathology. In the study of instances of enlarged prostate in the post-mortem room, it is impossible not to be struck with the coincident changes that are taking place in the adjacent parts. In looking at such specimens the fact cannot escape notice, whatever the explanation may be, that for some reason or other there is a concentration of hypertrophied tissue in the form of buttresses or supports about the perpendicular axis of urine pressure at the base of the viscus. This is seen in the development of the inter-urethral bar, the growth of the prostate, the gradual approximation and consolidation of these two structures, and the restriction of the natural trigonal area.

The trigone or floor of the bladder, in addition to being a highly sensitive part, is peculiar in that it contains the minimum amount of muscular fibre as compared with the rest of the viscus; muscle in abundance may be found as low as a transverse line drawn between the openings of the ureters marking the superior boundary of the trigone, and below in the prostate, but between these two points the power of muscular contraction can hardly be said to exist. Assuming, as I have stated, that from any cause such as the long retention of urine habit, position of the body or the debility connected with advancing years, the floor of the bladder sinks lower within the pelvis relatively to the prostate, so as to offer some difficulty in expelling the last portion of urine the effect will be frequently repeated efforts in all the muscles immediately adjacent to a part of the bladder which, by reason of its connections and structure, has but little power of contraction. It is suggested in this way quantity is substituted for quality, and that as age advances structural deterioration and incapacity is, in a measure, provided against by superabundant tissue.

I have said that although hypertrophy usually includes the entire gland, the posterior segment or that in relation with the rectum is principally involved. When the part which was originally described by Sir Everard Home* as the third lobe, but subsequently shown by Sir Henry Thompson† to have no independent or isolated existence, is imperfectly or not developed at all, as is sometimes the case, it is interesting to notice that hypertrophy of the inter-urethral bar may often be observed taking place independently, and thus provision is made by a buttress of this kind for the support of the posterior wall of the bladder. This is well shown in a drawing by Mr. Joseph Griffith's in one of his papers on this subject.‡

*Philosophical Trans. 1806.
†Diseases of the Prostate. 1886.
‡Journal of Anatomy and Physiology. Vol XXIV.

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An inability to empty the bladder and the discomfort or rather the consciousness of an incompleteness of the act of micturition, is a common symptom in connection with the early form of prostatic enlargement. This is due, I believe, not to atony or paresis of the bladder in the ordinary acceptation of the term, but to a sinking or tendency to prolapse of the posterior wall.

Though it is difficult to demonstrate these changes after death by measurements or castings accurately representing the previous shape and relations of the part, there are signs existing during life which tend to corroborate this view. By the catheter and by examination through the rectum we are usually able to convince ourselves of this. That the bladder alters its position relative to the pelvic outlet during life there can, I think, be no doubt. In early adult existence it may be regarded as an abdominal rather than as a pelvic organ; as years advance it gradually sinks within the pelvis, whilst still later on it will be found to have become further depressed within the pelvic area. In this way a prominence is sometimes given to the floor of the prostate, which is due not in the first instance to the development of more prostatic tissue, but to the subsidence of the posterior wall of the bladder. This mode of forming a prostatic bar may readily be imitated and is, I believe, the initial lesion in the hypertrophic changes which subsequently follow.

The most important objections urged against my views as to the muscular origin of the hypertrophied prostate are based on the statement that this organ is essentially a genital gland, and that the muscular fibre it includes, both in the form of intrinsic and extrinsic, is for the most part occupied in this function. This view has been supported by Mr. Joseph Griffiths, of Cambridge, and is based upon a series of observations* both in human and comparative anatomy, which are deserving of careful consideration. Though in no way taking exception to the histology of the parts investigated, I cannot accept all the conclusions arrived at by this author, relative to the disposition and function of the prostate.

As I have already pointed out, I believe we have formed a wrong conception of the arrangement of the prostate during life, and that to this is due, in a large measure, the difficulty we have hitherto experienced in recognizing the extent and limitations of its true functions. My views are much more in accordance with those of Professor Viner Ellis† who speaks of the prostate as "essentially a muscular body."

The fact, however, that the hypertrophied organ contains a considerable amount of gland tissue of an inferior quality yielding a secretion which

*Journal of Anatomy and Physiology, Vols. XXIII, XXIV.
†Royal Med.-Chir. Trans., Vol. XXII.

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Mr. Griffiths refers to as "scanty, thin and watery" as compared with the normal exudation is in no way opposed to the views I have advanced in reference to the circumstances under which the conglomerate growth is called into existence. The degenerated character of the gland tissue is in keeping with a function which at this period of life is on the wane, and not in that state of activity which, in some of the lower animals at certain periods is attended with a large and more than usually developed gland (Vide Griffith's paper). Surely there can be no analogy between the large prostate of a rutting animal and that of a septuagenarian male.

Still more recently it has been put forward in consonance, I presume, with the genital view of the function of the prostate that the operation of complete castration is likely to prove of service in connection particularly, with the treatment of the more advanced forms of prostatic obstruction. In a paper of considerable interest. Dr. J. W. White, of Philadelphia,‡ summarises the somewhat slender and scattered evidence that exists in favor of the view that in man removal of the testes is followed by atrophy of the normal prostate, and thus remarks on the suggestion as to its practical value as a means of treatment; "As to the possibility of employing castration as a therapeutic method in prostatic hypertrophy, I imagine that the final answer must be left to our patients. Of one thing I am convinced, however, that if we even reach a point in certainty of knowledge in this direction comparable to that already attained in regard to ōophorectomy in relation to utdrine fibroids, and can promise equivalent results, there will be no lack of cases willing to submit to an operation almost painless, with a low mortality, and followed by no such unpleasant conditions as accompany persistent fistulous tracts, either supra-pubic or perineal, even although the operation earries with it the certainty of sacrlficing whatever sexual power has survived the sufferings of such patients."

As a contribution to the discussion which this paper elicited on this subject, I narrated the particulars of a case which incidentally came under my notice some years ago where, with the same object in view, and under considerable pressure, I had divided the vasa deferentia of a man with a large and troublesome prostate. The proceedings and its effects were summed up in the following words:* "This operation was readily done, first on one side and then on the other with a tenotome at a few days interval, and my patient left me in the course of a short time, alleging that he had already derived benefit from it. Six or seven years afterwards, when I was in America, I ascertained that he was alive and well, but as I had no

‡British Medical Journal, September 9, 1893.
*British Medical Journal, September 23, 1893.

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opportunity of testing the case, I thought nothing further of it until reading Dr. White's interesting lecture."

In a subsequent communication† Dr. White reviews some evidence that has still more recently been adduced, tending to show that shrinkage of the enlarged prostate has followed these proceedings, and for illustrating this point I will select the following case recorded by Dr. White. This gentleman writes: "On January 31, 1894, I operated on a medical man who had a very prostate, about half the size of an orange, who had passed no urine except by catheter for years, whose urine was loaded with mucus, was offensive, and at short intervals was filled with blood. At this time—fourteen weeks later—while he has not urinated secondarily, rectal examination shows a reduction of the size of the prostate to about its normal dimensions. The catheter which was formerly introduced for 9½ inches before reaching urine now goes in only 8 inches, when urine begins to flow. Its introduction is easy and painless, instead of difficult and very painful. No blood has appeared in the urine for two months. The urine itself is entirely normal in appearance, odor, and in all other respects."

So far as it goes, the evidence seems to favor the conclusion that some shrinking of the prostate follows castration and, I think, as pathologists more particularly, we are indebted to Dr. White for giving prominence to this fact, whatever it may be worth from a surgical standpoint.

I would here remind you that shrinkage of the prostate has undoubtedly followed other measures than castration. It may be remembered that some years ago I published‡ the particulars of a case where, for this condition in its most advanced and distressing form, I punctured the bladder from the perineum through the enlarged prostate and retained the canula in this position for six weeks. This process has since been described as tunneling the prostate. In the instance just referred to the patient not only entirely recovered his power of normal micturition, but on the removal of the canula we discovered that the prostate had undergone a marked diminution in size, in fact it had almost returned to its natural shape. This patient died at the age of ninety, eight years after the operation, without any recurrence of his ailment or the necessity for again using a catheter.

By assuming that some shrinkage of the prostate follows upon castration, I do not see that such a conclusion is either at variance with the views I have advanced relative to its pathology when enlarged, or proves that it is essentially, that is to say exclusively, a genital gland. That it secretes in association with the genital act no one, I think, will deny. That some

†Ibid, June 23, 1894.
‡Surgical Disorders of the Urinary Organs, Fourth Edition, 1893.

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atrophy must follow the extinction of this function by removing the testicles is equally clear and requires no further elucidation.

To what extent castration will be resorted to as a remedy for hypertrophy of the prostate is a speculation somewhat foreign, though it may be incidental, to the object of this paper. I cannot, however, help wondering whether this operation on the subject at present known as representing the male species will ever attain those proportions which have now been reached in what we still believe to be the female. What a state society will arrive at when both sexes are agreed as to the propriety and necessity of these respective mutilations. It is difficult to imagine what typical characteristics the human species of a century hence will present under conditions which seem to be imminent.

My objects in this paper are to show:

1st. That the prostate, in connection with its associated parts, has an arrangement, and muscular function, which are not sufficiently recognized.

2nd. That its hypertrophy is to be regarded as a provision against structural dilapidations in adjacent parts arising for the most part out of senile degenerations.

3rd. That these changes are mainly compensatory, whilst in others they are excessive and hurtful.

4th. That in the latter respects it resembles other provisional hypertrophies.—*Tri-State Medical Journal.*

Dr. William A. Morton Dead.—Dr. William A. Morton, one of the oldest and most respected citizens of Liberty, Mo., died December 10. He was born in Clark County, Kentucky, February 29, 1812. He graduated in medicine at Transylvania University, Ky., in 1837.

Elected Dean.—Prof. W. B. Rogers has been elected dean of the faculty of the Memphis Hospital Medical College, vice Prof. F. L. Sim, deceased. In choosing Dr. Rogers for this office the faculty has made a judicious selection. With his former experience in the same position, thorough knowledge of college affairs, and a general popularity with students and the profession, it is safe to predict for this institution a large measure of prosperity under his administration.

Dr. Paul Paquin.—Dr. Paquin will deliver four lectures in the Practitioners' Course which will be given at the St. Louis College of Physicians and Surgeons, in the two weeks following January 7th, 1895. The doctor will consider such practical subjects as The Early Recognition of Tuberculosis; Diagnosis of Gastric Diseases by the Ewald Method; and the Future of Serum Therapy. Dr. Paquin will, no doubt, present these subjects in his usual pleasing and effective manner.

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Report of a Case of Bifid or Double Uvula.

By HAL FOSTER, A. D., M. D., Kansas City, Mo.

Laryngologist to All Saints, Missouri Pacific, Kansas City, Ft. Scott & Memphis, Kansas City, Pittsburg & Gulf Hospitals; Fellow Kansas City Academy of Medicine, etc., Kansas City, Missouri.

READ BEFORE THE KANSAS CITY ACADEMY, OCT. 8, 1894

THE patient which I present here this evening for your inspection, is 23 years old, and is a mechanic by occupation. He was born in Ireland, came to the United States three years ago, all of which time has been spent in Philadelphia, Penn. About four weeks ago he came here to enter Park College, that great industrial school of Parkville, Mo., about ten miles from this city.

His family history is good, and is of no importance as far as his own case is concerned. He has always been well. None of his relatives have ever had a cleft palate, or any trouble with their throats. Several weeks ago he was referred to me by my friend, Dr. Jessie Woodside, of Parkville. He complains of some difficulty of deglutition and articulation.

The voice is rather fine for a man. On attempting to sing he notices a little accumulation in his throat; this is caused by the saliva adhering to the bifid uvula and sticking them together. He is a good patient to examine, and has such perfect control of his throat and opens the mouth so wide that every fellow here will be able to have a perfect view of this beautiful specimen of double uvula.

On looking in his throat you see two distinct uvulæ, side by side, separated all the way to the arch. As you see, there is not the slightest tendency to cleft palate in his case; in other words his hard palate is perfectly natural. If you will now look in his mouth you will see that each uvula is about the normal size. I am under obligations to my friend, Dr. A. H. Cordier, who so kindly has taken the perfect sketch of my case, which accompanies this article.

The patient insists on having one uvula removed, and I have promised to comply with his wish, thereby hoping to relieve the small amount of difficulty he has in deglutition and articulation.

This patient was exhibited to the Kansas City Academy of Medicine October 8th, 1894.

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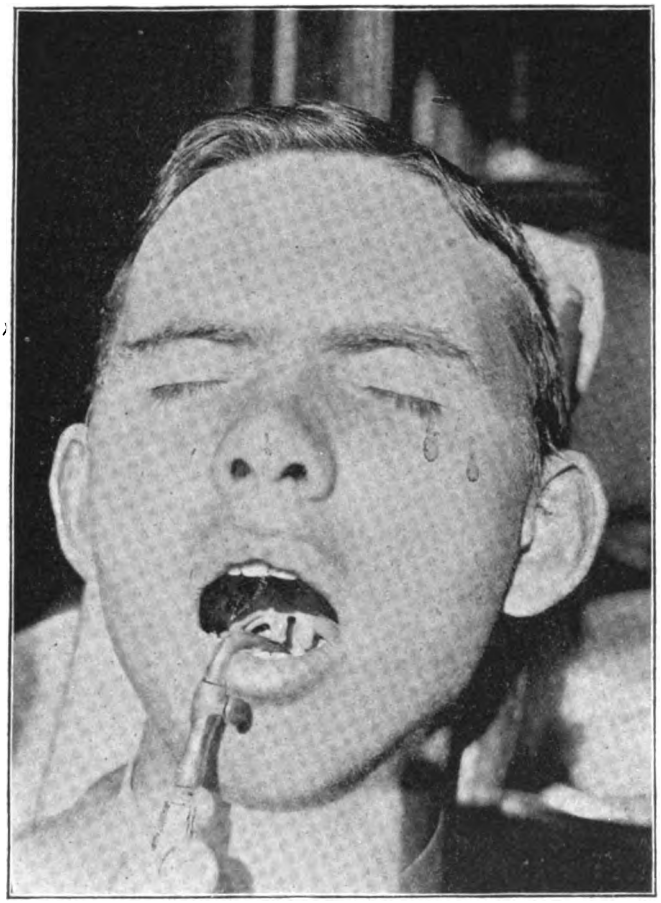

DR. FOSTER'S CASE OF BIFID UVULA.

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Post Norsal Adenoids the Chief Cause of Deafness in Children and Young Adults.

By A. G. ALDRICH, M. D., St. Joseph, Mo.

THE purpose of this article is not so much to advance new ideas, as to emphasize those already known. The significance of recognizing the accurate causation of deafness is of great and increasing importance, and demands the careful attention of the general practitioner who has children under observation at a time when as family physician, he can avert this disastrous condition.

I am aware that it has taken the aural surgeon some time to become convinced that those suffering from deafness are the victims, past or present, of post-nasal pathological conditions, chief among which are adenoid growths.

I well remember, and but a few years ago, how often medical men would remark, at the ear clinics of our great medical institutions, "Well, of all organs of the body the ear certainly is the most unsatisfactory for treatment." And so it seemed. We then examined and treated via the external auditory canal only. Inflating, if possible, the Eustachian tube according to the Politzer method. It was miserably "clogged up," how or why we did not, I am sorry to say, always ascertain. But coming to our senses, we began to make our researches at the pharyngeal end of the Eustachian tube, and at once a light dawned upon this department of medical science, which has led us up to a perfect understanding of the etiology not only of deafness but other ear diseases, and we who are ear specialists today would, indeed, find our occupation gone did we not recognize this fact and carry it out in our treatment.

That these vegetations in the naso-pharyngeal space would cause deafness has been advocated to the profession over a score of years through the writings of Myer, of Copenhagen, and also by several observers, both at home and abroad since that time, and it is to be regretted that we have been so slow in comprehending the value of their observations.

Fifteen years of a busy professional life, the last seven of which has been devoted almost exclusively to eye, ear and throat diseases, enables me to give close and honest clinical observation of these cases as they present themselves for treatment, the method of operation and results as appended, by a few illustrative cases.

The patients ordinarily consult us for the two prominent symptoms of fullness in the head with deafness, or deafness associated with suppurative aural catarrh.

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In seven cases out of ten the patient is a male. We observe that his articulation is defective and that he has that peculiar thickness and indistinctness of speech which vocalists term absence of vocal resonance, and which the laryngologist or any observing physiologist can readily locate as existing in the vault of the pharynx. He frequently catches his breath, his mouth is usually open, and he will endeavor to clear the mucus from his naso-pharynx by hawking while in your consulting room.

Upon inquiry regarding the history of the case, we are informed that early in life he was subject to "croup," that the parents have been frequently disturbed by his loud snoring and difficult breathing, especially when suffering from colds. He may or may not have had acute attacks of earache followed by an otorrhea. His appetite is capricious. He does not learn as rapidly as his companions, and in many cases his physical development has been slow. Heredity is not a factor. Climate influences these cases somewhat.

We proceed with our examination, and as he consults us for deafness or ear symptoms we will make our examination first via the external auditory canal. This we find, in many cases, absolutely normal, in other congested, eczematous, swollen and filled with pus. Upon inspecting the membrana tympani we find varying pathological changes. In some cases there is thickening with opacity; in others, depression with or without perforation, and in not a few, evidences of total destruction of not only the membrana tympani, but of the ossicles as well. Further technical examination reveals middle ear deafness and Politzer inflation is almost an impossibility. Regarding this latter condition we must ascertain the cause, if possible, and here we learn the expectant method and break the golden rule of old time otologists, by making at once a thorough examination of the post nasal space.

This is not always an easy thing to do. The invariably enlarged faucial tonsils prevent a satisfactory rhinoscopic view, and we, in most cases, must be content with a digital exploration, which is quite as satisfactory if skilfully made. The etiology of the case before us is no longer a doubt. A record of 100 cases shows 78 per cent due to these lymphoid masses, all of which were partially or wholly relieved by surgical removal of the tumors.

In some cases there has been a uniform cushion-like enlargement of Luscka's tonsil blocking the space, and in others lobulated masses of this tissue, which is absolutely a new growth, lymphoid in its nature.

Physiologically all can understand what the effect would be upon the ear when the Eustachian tubes were thus interfered with at their pharyngeal terminate, and space will not be taken for explanation.

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What the patient most desires is for us to relieve his condition, consequently if we would do this we must bid adieu to the time honored lotions, leeches and insufflations which have been the ear specialist's *vade mecum*, and resort in the future to the naso-pharynx as the battle ground, and then use surgical weapons only. No amount of medicinal treatment has been successful in my hands. The tissue must be removed if the patient is permanently benefited.

Among surgical methods the galvano cautery seems most cruel, and chemical agents slow and ineffectual.

Most humane and satisfactory is the use of Gottstein's curette, or Cradle's forceps.

I prefer to operate under chloroform anesthesia, but have operated upon many children with only an application of cocaine.

Modes of operating are immaterial. What I wish mostly to emphasize is an earlier recognition of this condition, with immediate attention from the family physician, which will, in my opinion, result in the prevention every year, of thousands of cases of deafness, with concomitant ear disease.

While conversing upon this subject with a teacher in one of our large cities not long ago, she remarked, Now that my attention has been called to this, I know that our school houses and streets are full of children suffering from some abnormal condition of the upper air passages, and nothing is being done for them.

Preventive measures in this matter rests largely with the physician, and we must destroy that insane prejudice against "meddling with the ear because it is such a delicate organ."

Hundreds of people go through life not only with that "melancholic curse of deafness," but with suppurative ear disease, resulting, not infrequently, in abscess and death, because some medical man has advised them to let their ears alone.

Case 1.—John E., aged 8. Suppuration in right ear of three months duration; could not attend school on account of increasing deafness in both ears, with fullness in the head.

Hearing distance, R. E. 2-36, H. D. L. E. 4-36: examination revealed depressed drum membrane, with perforation in right ear and deafness and thickening in the left. Examination revealed faucial tonsils with excessive growth of adenoid disease in naso-pharynx. Removed, with only cocaine anesthesia of faucial tonsils and vegetation, with subsequent treatment of suppurating ear, which was caused by the pathological naso-pharyngeal condition, resulting in a complete restoration of hearing in the left ear and with an improvement in the right ear, when he returned to school and has remained well six years.

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Case II.—Willie G., school boy, aged 9 years. Brought to me by parents, giving history of deafness for two years, with suppurative discharge from both ears, following colds or attacks of indigestion. H. D., right ear, 3-36; left ear, 1-36. Examination of the ear showed the usual pathological changes found in these cases, and post-nasal space filled with adenoids. Patient had been treated by several physicians with instillate of medicine in the ear, and various other methods without relief. I thoroughly convinced the parents that no help could be given the boy without operative procedures, and they allowed me to operate at once. I gave the boy a few treatments for the resulting ear changes, together with treatment for a marked conjunctivatis which resulted in my opinion from the post-nasal condition, and in three months discharged him as cured.

Case III.—Frank B., aged 10; sent me from North Minnesota. Was one of the worst sufferers ever brought to me; mouth open; articulation imperfect; asthmatic attacks upon the slightest change in the weather; fullness in the head, and came with almost total deafness. Could not make any examination of post nasal spaces until I first removed faucial tonsils, which I especially wished to do, to ascertain if they relieved any of the symptoms. The little fellow suffered in the same way for several days, when I operated for removal of so much adenoid tissue that I am sure if I had made rhinoscopic examination I would not have recognized a landmark in the vault of the pharynx. After keeping the parts in a perfectly aseptic condition for several days, I began inflating the Eustachian tube, which I continued for two weeks, sending him home a perfectly well boy, with every distressing symptom, including deafness, permanently relieved.

Died.—Dr. W. A. Morton, of Liberty, Mo., died December 10th. Dr. Fortes, of Iowa Falls, Iowa, died December 14th.

Seton Hospital for Consumptives.—The new Seton Hospital at Spuyten Duyvil Parkway, about a mile from the railroad station, which has been completed at a cost of $330,000, was opened Dec. 4, by Archbishop Corrigan with elaborate ceremony. The building, which occupies a commanding position and is surrounded by a lawn of about twenty acres, required two years for completion. It will be devoted to the care of consumptive people who can not get undivided attention in an ordinary hospital. It is 250 feet in front, and in the center, where the chapel expansion is, has a depth of 200 feet. The side wings are 90 feet deep. It comprises a basement and four stories, the top one of which is surmounted by a cupola. The material is brick and terra cotta, and the style is that of the Italian Renaissance. There will be accommodations for 200 ward patients, who are expected to be free patients, and a number of private rooms for pay patients, a source of income which, it is hoped, will contribute materially to the support of the establishment.

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Uterine Fibroids, Hysterectomy; Treatment of the Pedicle.

By A. H. CORDIER, M. D., Kansas City, Missouri.

Lecturer on Abdominal Surgery, Kansas City Medical College.

READ BY TITLE BEFORE THE MISSOURI VALLEY MEDICAL ASSOCIATION AT HOT SPRINGS, ARK., NOV. 20, 1894.

AS WE learn more and more of the pathology of uterine fibroids, we limit the application of the removal of the appendages (Tait's operation) to relieving the symptoms produced by their presence, and to checking their further development. The pathologist and clinician have repeatedly demonstrated that it is of not infrequent occurrence for fibroid tumors to undergo sarcomatous degeneration. This is especially true of that form of uterine neoplasm known as a fibro-myoma, or as Mr. Tait terms them, myomata. This form of growth develops like sarcoma, at any age, but is most likely to appear before the age of thirty, and is usually a single growth, soft, semi-fluctuating, rapid in its development, and unattended by the usual hemorrhages so often accompanying the multi-nodular or hard fibroid. These growths (myomata) do not cease their development at or after the menopause, but may grow with increased rapidity after this period is past. They are liable to undergo mucoid, colloid or sarcomatous degeneration. They are composed principally of muscular tissue. They may grow rapidly for a few months, then remain quiescent for a number of years, start up from their lethargy and develop rapidly. Owing to the rich blood supply of this form of uterine tumor, they are not as likely to suppurate as the hard, compact, fibrous growths, but let this nourishment be cut off by the ligation of the vessels leading to it (Tait's operation), or the ligation of uterine from below (Dorsett-Martin operation) and the danger from necrosis is real, not imaginary, Any small tumor of the uterus may become an enormous growth filling the abdomen, hence all small tumors that show a disposition to become steadily larger should be dealt with surgically. Electricity, ergot, etc., etc., are agents that have been tried and discarded in most instances, for some procedure that is reasonably certain in its results, and that is some form of surgical operation, removal being by far the most exact, and in the aggregate, safest.

Chicago-St. Louis has given us a new procedure (ligation of the uterine arteries per vaginam) that to the unwary and inexperienced seems reasonable, safe and certain, but to one who understands the pathology and

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clinical behavior of these growths, the Dorsett-Martin operation is a most inexact, dangerous and incomplete piece of surgery. The blood supply is not alone the sole supporter of the growth and development of any structure, and this is true of uterine growths, as of any other part of the body. The nerve supply is of much import to the vitality of any structure, and in the uterus, Mr. Tait long since called attention to the necessity of the ligature including a nerve (Johnson's nerve) near the cornu in the broad ligament, in order that the menopause might be completely brought about. Some one up in the northwest, recognizing this fact, ligated both ureters, then opened the abdomen and ligated both ovaries and included this nerve (?) and his case was a success, as the growth ceased its development, as did the woman her earthly existence. Uterus sloughed.

The appendages have been found diseased in my cases, with a frequency to warrant the conclusion that there exists a casual relation between inflammatory diseases of the appendages and the development of uterine fibroids. If this fact is recognized by the surgeon, I am sure he would be neglectful of his duty and unsurgical in his methods should he resort to any procedure that had not for its object the removal of the diseased appendages, breaking up of adhesions, and the liberating of sound imprisoned surrounding organs, and the removal of the growth, if large or of that variety liable to continue its growth after the appendages are removed.

Many growths produce by their presence, pressure on the bladder, rectum and ureter. Such a growth should always be removed by the surgeon, and not left for nature to absorb (?) or for its presence to produce irreparable injury to surrounding organs.

I do not desire to be misunderstood in my position as regards the removal of these growths. I would not operate on dying patients, because they will continue to die in spite of the surgery, and not as a result of the surgery. Operations on dying people bring reproach to this class of life-saving work.

I mention this fact to impress some one, possibly, who may hear this read or see it in print, of the necessity of early surgery in all cases where past experience has demonstrated that at some time in the progress of any given case surgery becomes necessary in order to save the life of the sufferer. Early surgery means completed and satisfactory work. I am no advocate of abandoning a procedure when once begun, for any surgical operation that is done in an imperfect manner must of necessity, in most instances, beget disaster and disappointment.

The operation of Mr. Tait's is applicable to a few cases, to check hemorrhage and cause the growth to cease its development. The growth must

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be small, of the hard variety, and in a patient near the natural menopause, and uncccompanied by any polypoid growths within the uterine cavity. Enucleation is applicable to a very limited degree, to small, single, hard fibroids in the front wall of the uterus. The appendages must be normal, or should be removed at the same time. Any extensive enucleation is attended with more danger than a hysterectomy, and leaves behind a poor piece of surgery and a useless uterus, in most instances. It is possible for some fibroid uteri to become impregnated, and a recognition of this fact should form an operative indication, in these cases, for the mortality to both child and mother is very high.

We have arrived at a period in the history of pelvic surgery where we cannot yield to the plea for *ideal surgery*, as far as a theory is concerned, but must submit to the more intelligent entreaty for good results and low rates of mortality—really the goal of truly ideal surgery. If a skilled operator has a preference, or is partial to a particular method, he is certainly entitled to do his favorite operation, provided his results are equally as good as those of others doing the same work in another way, If a large series of cases be reported with a mortality of five per cent after a given method by one surgeon, and on comparing this per cent with the work of another doing the operation with some modifications, you find a death rate of twenty per cent, you may rest assured that the fault, in the majority of instances, will not be found in the operator so much as in the faulty principles underlying the procedure of his choice. I find many operators who are constantly changing their technique, trying a new stitch here, and a buried ligature there; or a different instrument is applied, all, possibly, at the expense of the abandoning of an old, faithful and efficient procedure. Usually the old have been abused, hence the seeking of something new to try. All that is necessary, in the majority of instances, for a procedure to receive their unqualified endorsement, is a foreign stamp, or a so-called conservative imprint by some illustrious and superannuated book writer, or professor. Unfortunately, the outlines of much abdominal surgery are mapped out by turning a revolving book-case, while the topography is dictated to the office stenographer.

The surgery of some abdominal operators reminds me very much of the rapid transformation of a piece of butcher's meat, in an average boarding house—roast today, soup tomorrow, and hash the next day, not recognizable at all; a species of surgical omelet, so to speak. While my comparison may seem a little absurd to some of my hearers, I am sure others will agree with me, in the main. I am fully in accord with any surgical advances, but do not believe in abandoning a good procedure, one that is all that could be desired, for an uncertainty.

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Pean's method being the one of my choice, is one that I shall describe in full. Mr. Tait, Drs. Price, Bautock, Keith and McMurtry all perform the Pean operation.

Operation:—The preparation of the patient for a supra pubic hysterectomy is one of much import, and too much care and attention cannot be given the details of the same. Cleanliness should be the watchword, and the eyes of the operator the sentinel, that no unclean nurse, sponge, instrument, or assistant, cross the aseptic halo.

A larger number of instruments are necessary in doing a supra-vagina hysterectomy than is required in an ordinary "section." The operation itself demands a variety of instruments, and to be ready to meet unexpected complications requires more to be added to the list—one dozen hemostats, two hysterectomy pins, Koeberle serre-noeud, with delta metal wire, (this wire may be obtained from Krehne & Sessemann, London,) an extra Koeberle, in case of a break should be on hand, a knife for the abdominal wound, a large scalpel to cut away the tumor, four large tissue forceps to clamp the broad ligaments while making the pedicle, strong straight needles to sew the abdmoninal incision; silkworm-gut sutures, silk two sizes, for ligatures—bladder and intestinal injuries require a fine silk suture—a strong, straight needle to sew through the pedicle to reduce its size and keep the peritoneum from retracting; large flat sponges, smaller round sponges; irrigator, drainage tube, piston syringe to empty tubes; dressing material, iodoform gauze, etc. I prefer ether as an anesthetic in all abdominal operations.

This is an important item in the performance of a hysterectomy, and the operator who recognizes this and completes his work quickly will, everything else being equal, have the lowest mortality.

The abdominal incision should be inside (to begin with) a little nearer to the umbilicus than is usually made in a "section" for the removal of diseased appendages. This precaution is made necessary to avoid wounding the bladder in the first incision, as this viscus is frequently pulled up by the growth of the tumor. Having entered the peritoneal cavity and settled the error or correctness of the diagnosis, proceed to sweep the fingers of the whole hand over the growth, going first above, then to either side, finally examining very closely for the location of the bladder; satisfying yourself that the growth can be removed (it is very rarely that one cannot be removed), your incision is carried downward to the full limit of safety, and if need be, upward above the umbilicus. The growth is now brought forward through the abdominal opening. If omental adhesions are present, they are "sponged" off, or double-ligatured, and cut until freed from the

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growth. In delivering the growth, be careful that no undue force is used with the fingers in the region of the broad ligaments, where you will find enormously enlarged and tortuous blood vessels. The same precautions should be exercised posteriorly, for here in many cases you will find large and vascular adhesions, which, if torn across, bleed profusely, and are found and ligated with difficulty.

In the globular œdematous myomas you will often find that it is with much difficulty that they can be removed from their snugly-fitting mould. They can be easily dislodged if you can succeed in getting air to the bottom of the pelvis by pressing the finger or a clean catheter alongside of the tumor to the bottom of the pelvis. If you fail in this, then the cork-screw of Mr. Tait will be of much assistance to you. This instrument is screwed into the "fundus" of the growth, and traction made slowly and steadily until the tumor is delivered. Examine again closely for the location of the bladder, which is usually marked by a difference in color and the course of blood-vessels, and a faint line may be seen marking its limit when made out. If still in doubt, have an assistant quickly introduce a catheter, and its limit is then easily made out. If the bladder is pulled up too high to admit of the wire being applied, carefully dissect it from the walls of the tumor, and permit it to drop out of the way. If the pedicle is small, the wire can now be applied, the pins having been placed in position before the wire is tightened. The pins should be placed parallel, and exactly across the abdominal incision, and on a level with the surface of the body.

If the pedicle is too large to admit of being constricted by the wire and fastened in the lower angle of the wound, pass a large tissue forceps on either side of broad ligaments, two to each ligament, and cut between them down to the tumor, and from side to side in front and behind, having previously caught the peritoneum with hemostats, in many places around the tumor, just below the proposed line of incision in the capsule and *above the bladder attachment.* This last precaution guards the bladder and prevents the peritoneum retracting beyond the proposed location of the wire. Having divided the capsule, rapidly dissect it down to just above the location to which the wire is to be placed. You have almost practically enucleated the tumor, and have reduced the pedicle from the size of the thigh to that of the wrist, and that, too, without loss of blood and time. The pins are now pushed through the capsule, and the wire tightened by the noeud and the remains of the tumor and capsule are cut away an inch from the pins, and the wire tightened again until all oozing stops. At that stage of the operation when the tumor is delivered, a large flat sponge should be placed over the intestines, and two or three sutures passed through the parieties and

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grasped by heavy forceps and crossed over the line of the incision. This protects the intestines and keeps them in place.

The hemorrhage being controlled by the wire, the cavity of the cervical canal is cleaned, and a piece of gauze packed in it to prevent infecting the peritoneum during the completion of the operation. The peritoneum is washed or cleaned by sponging, if it needs it, especial care being given the location of the bladder, as here blood-clots are liable to be left behind. Two strong strings are placed around the pins, to be used in pulling the stump into the lower angle of the incision, and to hold it steady while the *peritoneum is being stitched to the pedicle below the wire.* Fine antiseptic silk is used for this sewing.

Union takes place quickly between the parietal and pedicle peritoneum, and soon seals that cavity from any outside source of infection. You now introduce your sutures, then remove the large flat sponge and irrigate or clean out the recesses of the peritoneum, especially the pelvis, and if the tumor removed was a large one, in the "flanks" also. Silk-worm-gut sutures should be used in closing the abdominal incision.

You now take a strong straight needle, armed with stout silk, and sew back and forth through the pedicle to reduce its size, to aid in controlling hemorrhages should the wire break in your absence, and to prevent the peritoneum retracting below the wire (not likely to occur) and to reduce the size of the stump.

A drainage tube can be used if the usual indications for its use are present, such as oozing from adhesions, free fluid in the peritoneum at the time of operation, escape of pus from a pyosalpinx, (a complication of frequent occurrence in fibroids of the uterus).

Care must be exercised in approximating the cut surfaces about the pedicle, for fear too much tension is placed on the integument surrounding the stump, and cause stretching of the skin. Pledgets of iodoform gauze are applied under the edges of the stump, and under the pins to prevent pressure on the skin, and the stump is covered with iodoform to hasten the drying process. The usual dressing should be applied with gauze and the many-tailed bandage, the Koeberle, is permitted to project from the dressings that it may be tightened as often as may be necessary without disturbing the patient or her dressings. If the pedicle is a large one the dressings will soon be soiled by the discharge. *There should not be a large one.* The nurse is instructed how to tighten the wire if oozing of blood is detected. The wire is tightened by a turn or two of the clamp each day until the stump drops off, which usually occurs from the eighth to the twentieth day. The dressings are changed as often as it is necessary. Every aseptic pre-

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caution should be carried out in its fullest detail in doing the operation and in the treatment of the pedicle afterwards. If suppuration about the stump takes place, it is due to a want of aseptic care on the part of the surgeon or nurse. If this accident has occurred, it is best treated by keeping the groove around the stump lightly packed with iodoform gauze saturated with pure listerine or campho-phenique. After the pedicle drops, there remains a shallow cavity that is soon filled up by healthy aseptic granulation tissue.

This description of the technique of a supra-vaginal hysterectomy is one applicable to all uncomplicated cases. The inventive ingenuity of the surgeon will find here a broad field in which to extend in meeting unlooked-for complications.

If I have succeeded in making the various steps of this, the choice operation for the removal of uterine myomata, clear and plain to those unacquainted with its technique, the object of writing this paper has been attained, and my desire gratified.

I beg to submit to your consideration the following deductions:

1. All rapidly growing fibroids of the uterus should be removed.

2. Procrastination, tinkering and electrical darts convert many a simple case into one of great magnitude. with many complications, making the work of the operator very difficult and hazardous to the patient.

3. Small, stationary, hard fibroids, without dangerous symptoms, may with safety be allowed to remain, especially in women nearing the menopause.

4. Rapidly growing œdematous myomas may not present any dangerous symptoms, may occur at any age, may and do continue to grow after the climacteric; removal of the appendages does not check their growth.

5. Œdematous myomas should be removed by a hysterectomy, as the entire uterus will usually be found taken up in the body of the neoplasm.

6. Fibroids undergoing mucoid or colloid degeneration should be removed by a hysterectomy.

7. Suppurating fibroids, when not extruded into the vagina, should be removed by a hysterectomy.

8. Pediculated fibroids, if the pedicle is small, may be removed with safety by taking all due precoutions to guard against hemorrhage.

9. All hysterectomies (with Dr. Price's qualification) should get well.

10. Oöphorectomy or salpingo-oöphorectomy as a means of relief for tumors of the uterus is being more and more limited in its sphere by a more thorough understanding of the nature of these growths.

11. Medicinal agents and electricity may, in many instances, relieve the symptoms for a short time, but the uncertainty and the dangers attending their use more than outweigh their expectations for good.

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A Case of Hydrophobia.

By E. H. BULLOCK, M. D., Nodaway, Mo.

IT is not that I expect to offer any thing new, or of special importance upon the subject of hydrophobia, that I write upon this subject, but because I have recently had the misfortune to encounter a case of this horrible disease in man. I speak of it as a misfortune to thus meet with a case of hydrophobia, for after the first symptom of the disease is apparent the physician is as powerless to render aid or relief to the unfortunate sufferer as man is to cope with the wisdom of the Creator.

To those who have never encountered a human being writhing in the agonies of this awful malady, I will say, your ideas of it are as far from the reality as the "ridge-pole of heaven is above the mud-sills of pandemonium."

I must beg pardon for the use of a vulgar simile in the foregoing paragraph, but language is not strong enough and words are lacking to picture the hideousness of the affection. It seems more like a blast from hell than any earthly thing, and yet it seems impossible for hell to be so terrible.

On the morning of October 15th, 1894, Jacob Weber, aet. 54, who was then working as a farm hand, for a prosperous farmer, near town, presented himself at my office with the flesh of both wrists very badly lacerated, discolored and swollen. His statement was, in substance, as follows: On the evening of Otcober 14th, about dark, he was going along the public road, from the barn to the feed-lots a few rods away, to attend to the feeding of stock, when he saw coming toward him a strange dog that had no unusual appearance or action that he noticed. Thinking it some neighbor's or mover's dog he kept on his way till the animal was opposite him, when it sprang furiously at him and buried its teeth in his right wrist. Very much frightened at the ferocity of the dog, the man threw out his left hand to push the brute away, when it loosened its hold on right wrist and set its teeth into his left. It then went on its way.

The man hastened to the house and bound up the wounds. That night he suffered very much, and the next morning his wrists were very stiff and painful.

On examination fifteen hours after the injury, I found that the animal's tusks had pierced almost through the right wrist, between the radius and ulna, while the left was not so deeply wounded.

I immediately opened up the wounds and thoroughly cauterized them with lunar caustic; they were then dressed antiseptically, and healed very quickly, so that in about a week the man was at work. He was to all

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appearances perfectly well until Sunday evening, December 30, seventy-six days after the injury, he complained of not feeling well, but went to bed as usual. On the morning of December 31 he said he did not feel like getting up, complained of pain in his right wrist and did not eat his breakfast. During the day he seemed very restless, did not eat or drink any thing, said he could not swallow. He gradually grew more uneasy till evening, when about 9 o'clock I was called to see him.

I found him sitting up in bed with an anxious look upon his face, and his eyes looked staring and glassy. He stated that there was intense pain in his wrist, which streaked up to his shoulder, said his wrist and arm were numb. Said he could not swallow water and did not want anything to eat. All the while he did not sit still thirty seconds at a time, kept pulling at his throat with his fingers and trying to clear his throat and spit, but his mouth seemed dry, and once in several minutes would he spit out anything, and then only a very minute quantity of white frothy mucous. Every attempt to eject this saliva from the fauces was accompanied by a harsh, barking hawk. It is this hawking which the laity vulgarly call the "barking like a dog." It is caused by the attempt to eject the saliva which is constantly being accumulated in the fauces, and each attempt causes a spasm of the pharyngeal muscles; hence, the unearthly sound.

The patient imagined he barked like a dog, and asked after each paroxysm, "Didn't you hear me bark?" He had vomited during the afternoon. His breathing was panting and jerking; the epigastrium elevated, and the shoulders prominent. He called for sugar, which he had been eating in small lumps all day. This he seemed able to swallow, but I think it was due to the fact that as soon as taken into the mouth it dissolved and moistened the dry fauces, thus producing a soothing effect for a few minutes.

I diagnosed the case hydrophobia, and ordered a strict watch over the patient. Morphia sulph. in ¼ gr. doses was given every two hours in small capsules which he swallowed in a spoonful of sugar. This seemed to quiet him a very little, for a few hours. On the morning of Jan. 1st, 1895, hydrate of chloral in large doses was tried, but the patient was now getting so desperate that only a few doses were taken, he positively refusing to take it, and his attendants did not care to try to force the matter with him.

When I presented a glass of water at the door his antics were indescribable; he leaped from the bed at a single bound and ran to the farthest corner of the room, trembling in every muscle and begging to have the water taken away. He then went into a violent paroxysm which was utterly indescribable, other than that all the symptoms of hydrophobia were very prominent.

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I did not see him again until 4 o'clock A.M., Jan. 2. He had become so desperate that his attendants had been obliged to overpower him by throwing a sheet over his head, and tie his arms by passing a trap around the arms above the elbows, drawing the strap tight enough to bring the elbows down to the sides and fastening it behind his back. A strap was placed around each ankle and his feet thus strapped together, leaving them about twelve inches apart, thus giving him room to walk, while he could be easily handled.

He had then been in one constant spasm for about ten hours, jumping, stamping, pounding and rolling and tumbling, throwing his body into every imaginable shape to which the human body is able to conform. All the while intense quantities of saliva flowed from his almost constantly open mouth. He was hostile toward those who tried to do any thing with him, but paid little attention to those watching him when they were out of his reach. He begged not to be left in the dark, and seemed afraid of falling. About 5 o'clock A.M. he became so exhausted that he was unable to stand, and so lay on the floor, writhing and frothing, suffering indescribable agony. About 6:30 o'clock I went to the door and looked at him as he lay on the floor in a spasm. It subsided in a moment and he turned his face toward the door, exclaiming, "There's the doctor; go way," and went into another spasm; but the spasms seemed lighter, the muscles only jerking and his frame trembling. This kept up for about thirty minutes longer when he died, gasping for breath, in a violent convulsion.

I have given this conglomeration of symptoms of the case and described it about as fully as possible.

That there is any question as to the genuineness of the case is beyond a doubt. The only question is: *Is there a cure for this malady?* Pasteur claims that by successive cultures of the specific germ of the disease and inoculations with the cultures, immunity from rabies may be secured. This, however, is claimed to be true in animals, but that it will furnish immunity in man is not fully determined.

To my mind, the best remedy is to remove the principal cause, i. e., the overstock of dogs, and the best way to accomplish this is to enact a law and tax every dog. If a dog is worth keeping he is worth taxing.

The State Legislature is now in session. Is there a better time than now?

Vaccine Farm Wanted.—Illinois physicians are endeavoring to prevail on their General Assembly to establish a State vaccine farm. Massachusetts failed in this attempt. Maryland has had a vaccine farm for years.

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A Case of Laryngeal Vertigo.

By A. G. ALDRICH, M. D., St. Joseph, Mo.

LARYNGEAL VERTIGO being such a rare affection, I wish to report the following interesting case. I was consulted in March, 1887, by Mr. R., aged 48 years, who complained of a spasmodic cough which was liable to come on at any time, followed by giddiness, choking and unconsciousness, lasting for a few seconds.

The attacks had become so common that when away from home he always had to be accompanied by some member of the family, for fear of choking to death. After a thorough examination I found nothing outside the pharynx or larynx to cause such symptoms. There was evidence of a chronic follicular pharyngitis and a hyperemic condition of the laryngeal mucous membrane.

I treated the hypertrophied follicle with the galvano-cautery, applied mild astringents to pharynx and larynx and electricity to larynx externally. Also gave syr. hypophos. comp. (P. D. and Co.) After a month's treatment he had no more of the attacks for a year, when he again returned to me, saying that his "spells" had returned. I cauterized a few more follicles, which gave him complete relief, and he has not had a return of the trouble since.

This particular affection is generally observed in men past middle life. The unconsciousness lasts but a few seconds, and mental confusion but a short time. Unlike epilepsy, biting the tongue and frothing at the mouth is not present, and the larynx is often found hyperemic.

AN APPEAL FOR THE INDEX MEDICUS.

Since 1885 the *Index Medicus* has been carried on at a loss to the publisher and without compensation to the editor, and within the last year the subscription list has so far diminished that the journal will cease to appear unless very substantial support is given by the profession.

The undersigned, committees of the Chicago Medical Society and Chicago Academy of Medicine, deplore the loss to American medicine that will accrue from the discontinuance oi this valuable publication. It is the most complete bibliography of medicine that has ever been published, and the only one in the English language. The physicians of Chicago ought to feel a strong interest in maintaining this publication, as it is the only index to the vast accumulations that are added yearly to the Newberry Library.

Will not each reader lend support to the *Index* by sending a subscription to Dr. H. N. Moyer, 901-103 State Street, Chicago, or to the publisher, Geo. S. Davis, Detroit, Mich.? Very truly,

NICHOLAS SENN,
J. C. HOAG, W. H. WILDER,
JAS. G. KIERNAN, H. N. MOYER.

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Notes on Thermal Paresis.

By SAMUEL MURDOCK, SR., M. D., Oneida, Kansas.

READ BEFORE THE NORTHERN KANSAS MEDICAL SOCIETY, SENECA, KANSAS, DECEMBER 21, 1894.

ANIMAL heat is the complex problem of the observing physiologist. How produced, how maintained, and how distributed? These have been the questions asked and answered more or less accurately, and yet doubted by students and physiologists for years. Notwithstanding the extent and accuracy of these observations through years of profound study, there remain some important questions still unanswered, and hence some phenomena unaccounted for. The observing school boy has often noticed, and wondered, and asked, why is it that the snake, the rabbit and the pigeon in the same climate, surrounded by the same atmospheric influences, and under the rays of the same sun, subjected to the same changes of heat and cold, can maintain body temperatures so different each from the other. Thus the reptile will maintain a body temperature of 65° F., the rabbit 99° F. and the pigeon, 112° F., all in the same climate and the same influences surrounding each alike, and remain in good health amid all the variations during the entire year, while at the same time the body temperature of either would be fatal to the other. Thus, if any influence acting upon the blood of the rabbit should change that temperature in the living organism to a temperature of 112° the little animal could not survive more than six hours, while a reduction in temperature of 13° in the pigeon would produce fatal shock within a very few hours. On the other hand, this extreme variation in temperature in different animals under the same influence, is no more wonderful than the constant unvarying temperature in the healthy human body under the most diverse circumstances, and the most extreme atmospheric changes.

Thus the normal temperature of man (of all races) is 98° and a fraction. This temperature is always maintained with a wonderful exactness. By the Esquimaux in the ice-clad mountains of the Arctic circle, to the Ethiopian in the sultry marshes of darkest Africa, nor does it cease at this point, but each individual maintains a constant temperature amid the most rapid changes of external heat and cold, and this in the different parts of the body with equal exactness. This, however, is only true in a state of health, and when the sympathetic nerve system is in its vigor.

An experiment made by my brother, Prof. E. P. Murdock, M. D., of Chicago, upon a "freak" known as a salamander, showed his sublinginal

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temperature remained the same, even when he was confined in a room where the dry temperature was above 200 F. How wonderful! Yet if it were not so, as the doctor very appropriately says, the flesh of man would be stewed in the juices of hls own body.

When we come to enquire how the equilibrium of temperature can be maintained we are at once confronted with the physiological phenomena of the vaso-motor nerve system, whose office it is to maintain this equilibrium. Now when we realize the importance of maintaining such an exactness in body temperature, and how direful will be the results if this body temperature is not maintained, we are startled with the mental query, what would be the results if the vaso-motor nerve centers should become deranged and fail to perform their work, and that is just what does happen sometimes, and the observing physician who has been taught to treat disease by its name, wonders what new disease his patient has contracted. But to more clearly understand how and why and with what results this system becomes overcome, exhausted, as it were, and fails to perform its duties, let us inquire what are the conditions which would put the greatest strain upon this vaso-motor system?

First: We must note that the processes of digestion and assimilation in an active human body are so regulated as to produce a surplus of heat, just as nature in every other department, provides ample and to spare. Then an excess of heat being always produced, it is clear that we live with the greatest comfort in a surrounding whose temperature is lower than the body temperature. That is, while the blood heat is 98.4° F., the atmospheric temperature which affords us the greatest comfort is between 60° and 70° F., or in other words, our surroundings must be such as to eliminate the excess of heat from our bodies, or we suffer with the heat, and the nerve system is put to a strain to dispose of the over supply.

There are three means of eliminating heat from the body, viz: Conduction, convection, and radiation. When these are present in a fair degree the nerve system is not over-taxed, and when they are not present it is over-taxed. That the heat should be eliminated by conduction the atmospheric temperature should be below 80° F.

That it should be eliminated by convection, there must be motion to convey the heat away, a breeze. This is why the lady uses her fan.

That it may eliminated by radiation there must be a small amount of humidity or a dry atmosphere. The absence of these conditions over-taxes and exhausts the heat distributing nerve centers, and causes an inability for action, or thermal paeresis, *the subject of this paper*. It is an old saying that a man catches a hot before he catches a cold. The wood chopper in

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the timber on a cold day, throws off his coat, works until he sweats freely, puts his load of wood on the wagon, throws his coat on the wagon instead of his shoulders, drives out onto the open prairie; amid blowing cold he is chilled, and when too late puts on his coat. The heat distributing nerve centers become exhausted (thermal paresis), they fail in maintaining this equilibrium of temperature, and the patient has a chill, surface temperature low, much below normal; sublingual temperature above 100°. Rectal temperature still higher, and we find the patient as Cassius found Cæsar in Spain: *"When the fit was on him I did mark me how he did shake."*

But this shake is not all. The following history shows a more or less marked continued fever, that is, in as much as the normal functions of the body always generate more heat than is necessary to maintain body temperature; as a consequence, when the heat distributing or heat regulating nerve centers are unable to eliminate this surface heat we must, of necessity, have elevated temperature; this temperature usually has a daily remission, more or less complete as the nerve centers rally to their functions, as they always act periodically, that is hunger, sleep and other functions under the control of the sympathetic nerve system come on periodically; so also, will these fluctuations in temperature come on with some degree of periodicity, sometimes being regularly intermittent, and later on, when greater prostration ensues, it becomes a continued fever, hence the confusion of the practitioner, who driven to proclaim his nomenclature, resorts to the use of "typho-malarial fever," an illegitimate amalgamation as impossible as the mating of chickens and geese.

How frequently we are called upon to visit a patient with a high fever, who, until a few hours before, was in apparent good health. We prescribe to quiet the nerves, to give rest, with the hope that nature's law will re-establish itself and the patient recover, and the doctor get the credit, but alas! the patient grows worse; the patient's fever ebbs and flows; weeks come and go, and pressed to satisfy interested parties, the doctor calls it typhoid fever, when the facts are the intestines are the least disturbed organs of the entire body, unless made so by the medicine given.

License.—Muscatine, Iowa, charges a license of $25 a day for transient physicians who practice there.

No More Outside Medical Practice.—Commissioner of Pensions Lochren has issued an order forbidding bureau employes from engaging in outside medical practice. The order is a result of the recent smallpox cases in Washington, the first person having been attended by a doctor employed in the Interior Department.

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THE MEDICAL HERALD

A PRACTICAL MONTHLY JOURNAL OF THE MEDICAL SCIENCES.

HIRAM CHRISTOPHER, M. D., Editor.

ASSOCIATE EDITORS: JACOB GEIGER, M. D., SURGERY; J. W. HEDDENS, M.D., PATHOLOGY

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BOARD OF PUBLIC CHARITIES AND CORRECTION OF PHILADELPHIA.

The recent action of the board in dropping Dr. Daland and electing Dr. Hare in his stead has justly raised quite a storm of criticism in both lay and medical circles. Dr. Daland is one of Philadelphia's most prominent physicians; he has given much of his time to original investigation, and has done a great deal for the advancement of medical science.

The doctor was dismissed or was not re-elected, and for what reason? Because certain members of the board objected to a particular kind of treatment which Dr. Daland used; alleging that while treating some patients who had malaria he did not give them quinine at a certain stage of the disease, because he wished to take a few drops of blood during the chill, so that he might study the plasmodium malariæ.

The doctor used nux vomica instead of quinine, which treatment is used and approved by many eminent physicians.

The action of Dr. Daland was entirely commendable, as the patients were in no danger or even harm, as thousands of people have chills before a physician is called.

Surely the members of the Philadelphia Board of Public Charities and Corrections, composed as it is of laymen, cannot decide medical questions, or prescribe drugs, or even dictate to the offending physicians what drugs they shall give, or when. The action of the board in this instance was wholly unjustifiable, and reflects greatly upon the intelligence of Philadelphia and those persons who profess to look after her poor.

If the board is wise it will re-elect Dr. Daland at its next meeting, or it should receive the just condemnation of every fair-minded person in and out of the profession.

W. W. B.

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THE NORTHERN KANSAS MEDICAL SOCIETY.

This flourishing association met in the pleasant little City of Seneca on the 21st of December, 1894. Dr. H. Redding, President; Dr. N. Hays, Secretary. While lacking the usual number in attendance, there was no lack of enthusiasm on the part of those present.

Clinical cases were presented by resident and neighboring physicians. Interesting papers, most of which are published exclusively in THE HERALD, were read by Dr. Samuel Murdock, Sr., of Oneida, Kansas. Drs. Jacob Geiger, W. J. Bell and Barton Pitts, of St. Joseph, and McClintock and Stoors, of Topeka. Several new members were added to the society, which adjourned to meet in June, 1895, the date to be announced in due time by the secretary.

ANTI-TOXIN TREATMENT OF DIPHTHERIA.

The treatment of diphtheria by anti-toxin is attracting the attention of medical men to an extent only equaled by that which was given to Koch's tuberculin, but it is receiving more cautious indorsement. Nothing is being taken for granted with this new remedy, but the profession is trying it tentatively, having learned by bitter disappointment the value of the injunction to "prove all things," from the annual appearance of promised panaceas "which came up in the night and withered in the night."

Definite conclusions as to the merits of this treatment will be difficult to reach. The mortuary statistics vary so widely in different localities and epidemics, such grave cases have recovered under previous lines of treatment, while those apparently mild have subsequently succumbed to the disease or its sequelæ, that it will be difficult to collate cases sufficient to establish all that is claimed for this treatment by the more enthusiastic experimenters.

Unless the percentage of fatalities declines below twenty per cent of a large number treated, our hope will have been in vain. The fatalities at present, under various lines of treatment, have probably been under thirty per cent; that of New York City certainly, and we have all been through epidemics with a lighter mortality than this even, but they are not the rule.

Of 1,180 cases so treated, collected by Dr. Park, of New York, the mortality was twenty per cent, a report which does not bear evidence either for or against the remedy, since it is the disposition of experimenters to very carefully "select" cases for treatment with an untried new remedy, a privilege not open to practitioners, and which vitiates statistics as well.

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It is to be hoped that the clamor for "serum" will not become great enough to fill the market with a spurious or partially immunized article before scientific investigations have definitely demonstrated its value. The probable therapeutic value of this discovery is too great to be lightly regarded, or prejudiced by the opinions of careless observers. The following, taken from the last issue of *Archives of Pediatrics*, will be found interesting:

DISCUSSION OF THE ANTI-TOXIN TREATMENT OF DIPHTHERIA BY THE NEW YORK ACADEMY OF MEDICINE.

Dr. Herman M. Biggs opened the discusssion by referring to the opportunities he had had at the Institute for Infectious Diseases at Berlin during the past summer to study this new treatment. Many eminent bacteriologists were engaged here investigating the anti-toxin treatment, and he had been struck with the fact that after having observed five hundred cases so treated, they were unanimous in the opinion that the antitoxin treatment of diphtheria was not only of value, but that it had already passed beyond the experimental stage.

Dr. William Hallock Park said that when the diphtheria baccilli or their toxines were injected into animals in gradually increasing doses, it was found that after considerable time these animals were capable of standing a dose far greater than could have been given at the beginning without producing a fatal result. It has also been demonstrated experimentally that after the antitoxin has neutralized the toxines, both of these substances were still present in the body. If an animal were inoculated with diphtheria in the trachea, and immediately after received a dose of the anti-toxin, the characteristic manifestations of diphtheria would not develop; but though the same result would follow the injection of the anti-toxin at a somewhat later period, it would be necessary in this instance to administer a much larger dose. This injection of the anti-toxin of diphtheria into the human subject was followed by practically no reaction, and was an absolutely harmless procedure, in which respect it differed from the treatment of tuberculin. Indeed, the latter was the reverse of the treatment under discussion, for the toxine was injected in order to develop the anti-toxin in the body, whereas in diphtheria the toxines are produced in the body of one of the lower animals, and the anti-toxin obtained from the blood of this animal only injected into the patient.

The anti-toxin of diphtheria was not an anti-septic, and could not therefore be expected to exert any special destructive effect on the baccilli themselves; in fact, it had been found that the diphtheria baccilli could be grown on cultures impregnated with the anti-toxin. As a general rule it might be said that, in animals at least, where large doses of the anti-toxin had been injected, the separation of the diphtheritic membrane had been hastened.

The speaker, in closing his remarks, said that he had succeeded in collecting 1,180 cases of diphtheria that had been subjected to this anti-toxin treatment, and the mortality among these had been only twenty per cent.

Dr. George F. Shrady recalled the time when diphtheria was a new disease in New York City, and when the mortality had been about ninety per cent. He had employed the anti-toxin treatment personally only in one case, but he had followed the cases upon which the paper of the evening was based, and from this experience felt like heartily endorsing the new method.

Dr. W. P. Northrup said that the mortality rate from diphtheria in foreign countries was so different from what it was in our own country that it was probable they had to deal there with a different type of the disease. There had been no severe epidemic

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of diphtheria in this city since early in last July, and therefore in accepting the conclusions drawn from a series of cases extending over a comparatively short period, one should exercise great caution. He had been particularly impressed with the reported beneficial action of the anti-toxin treatment on the pulse rate. He hoped, and was inclined to believe, that the greatest benefit from this treatment would be found in those fulminating cases which occasionally develop in our institutions, and in which death ensues within a few hours from the onset of the disease.

Dr. Louis Fischer said that during the past summer he had studied the anti-toxin treatment in Berlin with Professor Baginsky. It was the practice there to subject to this treatment all cases in which the diagnosis of diphtheria was confirmed by bacteriological examination. Personally he had found the Aronson solution of the anti-toxin about three times stronger than that prepared by Behring, yet Aronson had assured him that in very severe cases of diphtheria the physician should not hesitate to push the dose of the anti-toxin solution even as high as fifty cubic centimeters.

Dr. W. H. Berg said that thousands of cases must be treated with anti-toxin before we would be in a position to pass intelligently upon the value of this treatment, for we had at present no means whatever of determining at the very beginning of the disease whether or not it was a severe type.

Dr. J. Lewis Smith asked what was the effect of the new treatment in cases of pseudo-diphtheria.

The chairman replied that Aronson had stated that cases of mixed infection were not favorably influenced by it.

Dr. Somerset, assistant physician at the Willard Parker Hospital, said that he had been asked to exhibit the apparatus he had devised for removing plugs of diphtheritic membrane from the nasal passage. It consisted of a large and powerful hard rubber syringe, to which was attached by rubber tubing a glass tube with a soft rubber tip.

The Chairman said that nearly a year ago there had been at the hospital a severe case of diphtheria in which the naso-pharynx had been firmly plugged with membrane. He had stated to Dr. Somerset that if he could succeed in removing this membrane the man would in all probability recover, but that if it were allowed to remain death would surely result. At his next visit he had been pleased to learn that Dr. Somerset had succeeded in dislodging the membrane by the apparatus just described, and the patient was already on the road to recovery. He thought more practitioners would agree with him that it was rare to find a case of death from sepsis in which this obstruction by membrane had not existed. It was for this reason that he had long ago advocated before the Section the use of the Davidson syringe in perference to the fountain syringe. The latter often failed to efficiently cleanse the parts under ordinary circumstances. Where the intermittent steam from the Davidson syringe failed to dislodge the plug of membrane, Dr. Somerset's method should be tried.

Referring more particularly to the special subject under discussion, he said that from the fact that Koch had excluded from treatment by the anti-toxin treatment for various reasons quite a large number of cases, which ultimately terminated fatally, his observations lost much of their value. We certainly did not have any such mortality rate here as abroad. The records of the New York City Board of Health showed that it was between twenty-five and thirty-three per cent. The carelessness displayed in the cure of diphtheria patients was astounding. It was not uncommon to find such patients out of bed after five or six days in spite of the instructions of the physician, and it was rare for a little child to be kept in the recumbent position during the whole period of the disease. As there has been a large number of mild cases of diphtheria during the past few months it was impossible to speak with definiteness regarding the value of the anti-toxin treatment.

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Dr. Andrew H. Smith said he would like to call attention to the fact that a very convenient rubber tip for an ordinary syringe could be improvised from a small rubber nipple. If the aperature in this nipple were smaller than that in the nozzle of the syringe, the nipple could be distended by the stream of water, and so be made to accurately fit the nostril. He thought that if the anti-toxin treatment did no more than prevent the very frequent and ill-judged use of local remedies, so common in the treatment of diphtheria, it would be productive of great good.

Dr. White, in closing the discussion, said that if one compared the mortality rates of like institutions here and abroad, as for example, institutions treating only young children, it would be found that there was no striking difference between them. The severity of the disease in most of the cases which he had subjected to the anti-toxin treatment was sufficiently shown by the fact that fourteen out of the twenty were affected with laryngeal diphtheria, and that, with one exception, the patients were all under five years of age. The statistics of the hospital showed that the mortality in cases of this kind treated in the ordinary way was between forty and fifty per cent., whereas among those treated by the new method the mortality had been only twenty-five per cent.

HUBERT WORK, M. D.

THE CHRISTMAS HERALD.

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Our Book Table.

TRAVAUX D'ELECTROTHERAPIE GYNECOLOGIQUE; Archives semestrielles d'electrotherapie gynecologique. Vol. I, Farcicules I et II. Fondies et publices par le Dr. G. Apostoli, Vice-President de la Société Francaise d'électrothérapie, etc. Société d'éditions scientifiques. Paris. 711 pp. 1894.

This large and handsome volume of over 700 pages comes to us as the first issue of a semi-annual periodical devoted to the advancement of gynecological therapeutics by means of electricity. At its head as editor, it has one of the foremost leaders of electro-therapeutical gynecology, Dr. Apostoli, a man who has labored almost the whole of his professional life for the good of this particular branch of medicine, and whose work will forever stand as a monument to his fame. This is one of the most valuable helps to the physician, and more especially to the writer, which can well be imagined, as it places before him at certain intervals, all contributions of a valuable character which occur in any language, and all contained in a uniform tongue, and under one cover, and thus saving great labor, time and expense in reviewing the literature. It is somewhat unfortunate that the great extent of this work forbids an extended and minute review of its entire scope. We find the first 133 pages of this volume devoted to the combined work of Thomas Keith and his son, Skene Keith, and the Treatment of Uterine Tumors by Electricity, this being the translation of their entire work in English, on the subject, containing in all, the reports of 113 cases of tumors treated by this method, together with appropriate remarks, statistics, deductions, etc., bringing their observations on this method of treatment up to date. The remainder of work on electro-therapeutical gynecology from the English is contained in the next following 120 pages, which includes the work on the subject presented to the gynecological section of the Congress of Leeds, the Medico-Chirurgical Society at Brighton, the Edinburg Obstetrical Society, etc., etc., and contains, in full, the papers and discussions of such authorities as T. Spencer Wells, Playfair, Lawson, Tait, Graily Hewitt, Braithwait, Handfield-Jones, Cameron, Wright, Murray, and in fact, all the gynecological lights of all England. Next Belgium is represented in 10 pages by the labors and research of Saulmann. The next 77 pages are devoted to work done by the men of our own country. Among those of United States whose work is quoted are such names as Rockwell, Goelet, A. Laphorn Smith, Martin Massey, Skene, Kellogg, Mundi, etc., etc. The remainder of this volume is made up of contributions afforded by Russia, Italy, Germany, Denmark, Austria,

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Poland, Hungary, and Canada, and among this array may be found the name of the representative gynecologists of the various countries, such as Slaviansky, Candia, Engleman, Hugo, Jaworowsky, etc. This form of literature is the most valuable that can be made, to medicine, that is, the collection of the literature upon any given medical subject; and it is to be hoped that every gynecologist will subscribe for this very valuable periodical. Too much praise cannot be given it. E. B. L.

A SYSTEM OF LEGAL MEDICINE; By Allen McLane Hamilton, M. D., Consulting Physician to the Insane Asylums of New York City, and Lawrence Godkin, Esq., of the New York Bar, with the collaboration of many others. Illustrated. Vol. I, pp. 657, large octavo. New York: E. B. Treat, 5 Cooper Union. Price, $5.50, in cloth. 1894.

For several years the need of a comprehensive treatise on medical jurisprudence has been felt by medical and legal practitioners, as well as by instructors in medical colleges. Since the publication of the excellent works of Taylor and Wharton and Steele's treatise so many new questions have arisen, and so many new decisions have been handed down by the courts as to impair, markedly, the value of the older treatises on legal medicine. The present volume is the first part of a "System" which has been under way for some time. Vol. I deals with post-mortem examination, death in its medico-legal aspects, blood and other stains, identity, homicide, poisoning, life and accident insurance, etc., etc. One of the most important chapters is that on certain legal relations of physicians and surgeons to their patients and to each other. This chapter alone is worth the cost of the book to any practicing physician. Always a delightful study, medical jurisprudence is doubly attractive as presented in the first volume of this work.

PRACTICAL URINALYSIS AND URINARY DIAGNOSIS: A Manual for the Use of Physicians, Surgeons, and Students; By Charles W. Purdy, M. D., Queen's University; Fellow of the Royal College of Physicians and and Surgeons, Kingston; Professor of Urology and Urinary Diagnosis at the Chicago Post-Graduate Medical School. Author of "Bright's Disease and Allied Affections of the Kidneys"; also of "Diabetes; Its Causes, Symptoms, and Treatment." With Numerous Illustrations, including Photo-Engravings and Colored Plates. In one Crown Octavo volume, 360 pages, in Extra Cloth, $2.50 net. Philadelphia: The F. A. Davis Co., Publishers, 1914 and 1916 Cherry Street.

We are more than pleased with this work. We have read it with satisfaction, and can cordially commend it as really the best we have seen. It covers the whole field of urinary examination, and leaves but little, if anything, to be said. It shall be with us a *vade mecum*. It consists of two parts: I, Analysis of Urine, embracing General Considerations; Composition of Normal Urine; Proteids; Carbohydrates; Abnormal Urine; Urinary Sedi-

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ments; and Gravel Calculus. II, Urinary Diagnosis, Comprising Diseases of the Urinary Organs and Urinary Disorders; The Urine and Other Diseases; and Examination of Urine for Life Insurance.

BERND'S PHYSICIANS' OFFICE REGISTER; Henry Bernd & Co., St. Louis, Mo.

This is a labor-saving account-book that is one of the best things of its kind we have ever seen. It is arranged alphabetically so that accounts can be kept without an index and its consequent extra labor. It is impossible to describe its many good points. It is sufficient to say that any thing one wants to know about any account can be instantly found out. It is always posted. We advise those interested to send for sample sheets. It is made in two styles of binding, one for office and one for pocket.

SIR FRANCIS BACON'S CIPHER STORY; Discovered and Deciphered by Orville W. Owen, M. D. Vol. IV. Howard Publishing Co., Detroit, Mich. Paper, 50 cents.

We have now four volumes of 200 pages each deciphered, and the end is not yet. This volume is intensely interesting, and places the question of authorship of the plays of Shakespeare beyond doubt. We learn from this volume that Bacon wrote Hamlet at the age of 20, and when we consider the treatment he received from his mother, Queen Elizabeth, and the reason therefor, it is not difficult to understand the moods of Hamlet and his talks with his mother. But we advise everyone to get these volumes and enjoy the revelations they make.

The Colorado Climatologist, a monthly journal, published in Denver, Charles Manly, A. M., M. D., Editor, and Josiah N. Hall, M. D., Assistant Editor, with active coöperators, has made its appearance and presents itself in a neat and plain dress. As its name implies, we may expect much in its pages on the Climate of Colorado for certain diseases. It has our best wishes.

The Journal of Medicine and Science, the official organ of the Maine Academy of Medicine is born as the year dies. It is edited by E. E. Holt, M. D., assisted by J. A. Spalding, M. D., with numerous collaborators in the state. It presents a neat appearance and is printed on good paper in good type. There is no reason why our extreme north-eastern sister state should not have a state journal of medicine and allied sciences. May it prosper!

Medical Journal Lists.—Physicians desiring to mail reprints to the medical publications of the United States and Canada, may obtain correct lists, printed on gummed paper, of the American Medical Publishers' Association, St. Joseph, Mo. Price, 15c for single sheet; $1.25 per dozen.

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SOCIETY GATHERINGS

(Mergenthaler Type-setting Machine.)

MISSISSIPPI VALLEY MEDICAL ASSOCIATION

Twentieth Annual Meeting, Held in Hot Springs, Arkansas, November 20-23, 1894.

(REPORTED FOR THE MEDICAL HERALD.)

Concluded from last issue.

The Importance of Urinalysis in Diagnosis—

By Dr. A. B. Walker of Canton, Ohio. As urinalysis requires but a few moments of time, and as the results from it are so positive, the author feels that no opinion of a case of any importance should be given without there having been made a careful examination of the urine. He thinks many a case of Bright's disease might be prevented if, when the first symptoms of the disease manifest themselves, a careful examination of the urine be made and the proper treatment and diet prescribed. An interesting case was cited in point.

The author is surprised that all life insurance companies do not require an examination of the urine even for their small risks. He believes the time is not far distant when they will not only see the necessity of it, but demand it in all cases.

Dr. A. M. Owen, of Evansville, Indiana, read a paper in which he reported gratifying results from the administration of gold as a therapeutic agent.

OFFICERS ELECTED

The following officers were elected for the ensuing year:

President—Dr. W. H. Wishard, of Indianapolis.

First Vice President—Dr. Thomas E. Holland, of Hot Springs.

Second Vice President—Dr. Chas. B. Parker, of Cleveland.

Secretary—Dr. Frederick C. Woodburn, of Indianapolis.

Treasurer—Dr. Harold N. Moyer, of Chicago.

Place of meeting, Detroit. Time, September, 1895. Chairman of committee of arrangements, Dr. H. O. Walker, of Detroit.

Second Day—Afternoon Session—

Dr. Starling Loving, of Columbus, Ohio, read a paper entitled:

Physicians' Prescriptions—

He alluded to the many difficulties which young practitioners encounter when they essay their first prescription. He said we seldom read of mishaps from defectively written prescriptions in England, Germany or France, where prescription writing is more extensively and systematically taught. Sufficient attention is not always given in this country to compatibilities, chemical and therapeutic, to solubilities, the influences of light, temperature, air, and of other circumstances affecting the condition of drugs and chemicals. Many failures in treatment and many accidents, some serious in character, result from carelessness or want of accuracy in the direction given nurses and patients for the administration of medicines after they have been brought ready for use.

Dr. William F. Barclay, of Pittsburg, followed with a paper on:

Toxics—

After defining the poison, the author stated that it may seem strange that almost all toxics were innocent until they reached the circulation of the blood. Their slow and rapid absorption largely determined their deleterious effects upon the system. Toxics enter the circulation of the blood and their action on the normal cells produces toxines, and the multiplication of these products brings on pathological conditions. Nothing is more easily demonstrated than that the emunctories throw off toxics. We observe at once upon the entrance of a toxic into the circulation that all the functions of the body are impaired to a greater or less degree, and that definite poisons are quickly formed, such as ptomaines, leucomaines and others, which is nothmore nor less than an altered nuitrition. The vital forces are at once dis-

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turbed or arrested. Primarily the circulation, and secondarily, the nervous system are impaired, and shock is superinduced. In the state of shock nature seems intent upon relieving herself of all effete matter by the discharge of the contents of each viscus of the body. All such efforts should be assisted by artificial means in restoring a healthy condition. Vigorous strength are maintained by proper food, perfect digestion and healthful environment.

Quinine in the Treatment of Chorea—

By Drs. Frank R. Fry and M. A. Bliss of St. Louis.

The writers briefly reviewed Prof. H. C. Wood's theory of the causation of chorea as set forth in a paper on "The Choreaic Movement," which was published in the Journal of Nervous and Mental Diseases, April, 1893. He therein advanced the suggestion that chorea is due to disturbances in the spinal inhibitory apparatus, which he supported by a highly scientific argument. He made the further practical suggestion that inasmuch as quinine had been found physiologically to stimulate spinal inhibition in animals, the drug be given to dogs, and the human subject affected with chorea. In this direction he had made a few trials with gratifying results. Although his opportunities for observation had not been many at the time he published his communication, they were of such a nature as to encourage others to use quinine in treating chorea. The writers recited a number of their own cases from clinic and private practice in the treatment of which they have been using quinine, and their results confirm those of Dr. Wood and others. They called attention to the fact that they have not used as large doses as others, yet had very satisfactory results. They suggest that this drug has a decided value in the treatment of certain infectious diseases, in which class, according to the opinion of some authorities, chorea belongs. They further suggested that drawbacks may be found in giving quinine in large doses to choreic patients, inasmuch as it sometimes produces unpleasant nervous phenomena, and especially in nervous or neurotic individuals. They met with no inconveniences of this kind so far in the choreic patient, to whom they administered it. In fact, they stated they could confirm an observation made by others to the effect that these patients are not apparently easily cinchonized. While they have witnessed decided and, as a rule, only beneficial effects from the drug in these cases, they conclude that more data must be collected before its final status can be determined. With this end in view, they have been keeping and would continue to keep, careful notes of all their cases to which quinine was given.

An interesting item of the paper was the citation of a severe case of chorea which after resisting other remedies, promptly recovered on full doses of quinine.

Laparotomy for Pelvic Diseases no Longer a Necessity—

This paper was contributed by Dr. R. Stansbury Sutton, of Pittsburg. The asertion found in the text of the paper was founded upon the following argument: (1) We have a substitute for laparotomy for total extirpation of the uterus and appendages by the vagina, either with or without morcellement. (2) The operation has already been proven to be effectual and successful by Pean, Segond, Jacobs, and others in Europe, and Henrotin, Engelmann, Sutton, Edebohls, and others in the United States. (3) Total extirpation of the uterus in and appendages per vaginam gives a lower mortality than laparotomy for the removal of similar tumors. (4) These operations by the vagina shorten the convalescence of patients who are out of bed on the seventh day. (5) In all cases of gonorrhoeal, tubercular, or other infectuous type of endometritis with chronic salpingitis and chronic ovaritis, a cure is not effected save by total extirpation of the uterus and appendages. The vaginal route is the best. (6) In all cases of fibroid tumors of the uterus, not reaching above or quite to the umbilicus, when the uterus must be sacrificed, total extirpation of the organ, tumor and appendages by morcellement and puncture be removed through the vault of the vagina, leaving the uterus and opposite ovary and tube intact. (8) In all cases of pyosalpinx or of multiple pus centers with coexisting solidification of the pelvic roof, total extirpation by morcellement per vaginam is the only feasible operation, and it cures the patient. (9) Total extirpation per vaginum is followed by a cure in the greatest majority of cases as compared with laparotomy. (10) The following sequelae after laparotomies do not occur after total extirpation by the vagina; Cancer of the uterus, adenoma of the uterus, tuberculosis of the uterus, gonorrhoeal infection, hemorrhages of the uterus, filthy catarrhal discharges from the uterus, ventral

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hernia, fecal and other fistulas, the mark of a wound on the abdomen. The nerve storms subsequent to total extirpation are not as great as after laparotomy. The patient is restored to perfect health. This is not the case in more than fifty per cent of laparotomies for pelvic diseases. (11) The bacteriology of infectious diseases demands removal of the uterus with the appendages. (12) Total extirpation by the vagina is in strict conformity to anatomical relations. (13) The physiological results following total extirpation are free from jarrings, and the patient is functionally a smoothly running mechanism. (14) Laparotomy for these diseases is followed by all manner of physiological disturbances which affect the vascular, muscular, nervous and digestive systems. (15) In the face of this argument, laparotomy for pelvic disease is no longer a necessity, but in the author's opinion should be abandoned excepting in very rare instances indeed.

Reflex Irritation as a Cause of Disease—

By Dr. Edwin Walker, of Evansville, Indiana. The essayist said that no error in modern times has held such tenacious hold on the professional mind as that of reflex irritation as a cause of nervous disease. The reflex theory dates back many years. Early in this century it was offered as an explanation for certain neurotic phenomena, but its prominence in the medical mind of today is due to the lectures of Brown Sequard on the "Physiology and Pathology of the Nervous Centers," delivered in London in 1858. The essayist then alluded to the contributions of several other prominent writers on this subject, and said that for a great many years he had thought much of the question, his attention being first called to the articles of Sayre. He followed his advice and did many circumcisions, and later mainly through the teachings of Emmet, did operations on the cervix and vagina, and has observed many cases of neuroses in women presenting various lesions of the genital tract, and states that he has never seen a case of epilepsy, insanity, catalepsy, hysteria, or grave neurasthenia, nor any organic disease of the nervous system cured or even permanently benefited by either operation on the genital tract either done by himself or any one else.

Dr. Harold N. Moyer, of Chicago, read an interesting paper entitled,

Accidents and Injuries From Electric Currents of High Potential.

Third Day—Morning Session—

Dr. Frank P. Norbury, Jacksonville, Ill., read a paper entitled:

The Mental Symptoms of Cerebral Syphilis; a Clinical Study—

He drew the following conclusions:

1. Somnambulism and allied states; lapses of intelligent conceptions with asociated loss of memory are mental symptoms of cerebral syphilis.

2. Sudden comnolence with ocular spasm or paralysis points to syphilis, when preceded with headache and monoplegia is almost pathognomonic. Headache, quasi-periodical, as defined by Gray with marked insomnia, suddenly ceasing and followed by psychical disturbance is due to syphilis.

3. Melancholia or mania when following periodical headaches, insomnia, and somnolence (a) with ocular spasm or other form of monoplegia of heterogeneous paralysis is due to syphilis. (b) Pseudo-paranoia. By this he means cases presenting all symptoms of paranoia, systematized delusions depending on hallucinations of sight, hearing, taste or smell, with slight impairment of general mental functions is due to syphilis, as we know that syphilis causes isolated local losses of power, and it is noteworthy when the special senses are involved that mental derangement usually results. (c) Pseudo paresis, characterized by fibrillary tremor of tongue, indistinct speech (partial or complete aphasia), uncertain and trembling gait, with delusion of grandeur, and occasional outbursts of maniacal excitement, pupillary involvement, all characteristic symptoms of paresis, but which yielded readily to antisyphilitic treatment, we can say it was due to syphilis.

4. Class four have had epileptiform and apoplectiform attacks. We find cases in which treatment was undertaken too late. The symptoms are those of terminal dementia, only occurring in patients of previous sound mental condition and with no special hereditary history.

Dr. Geo. N. Lowe, of Randall, Kan., read a paper, entitled:

Traumatic Lesions of Cranium and Brain—

In which he reported four interesting cases. The first case was one of depressed comminuted fracture of the right parietal bone at the junction of the temporal bone, caused by the kick

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of a horse. There was also a contused lacerated wound of all the soft tissues along the entire ramus of the left inferior maxilliary. In this case the author trephined and elevated the depressed comminuted bone fragments. Recovery.

Dr. B. Merrill Ricketts, of Cincinnati, read a paper entitled

(A) Castration for Hypertrophied Prostate; (B) Removal of Head of Femur for Dislocation Into Lesser Sciatic Notch; (C) Trephining For Pressure as a Result of Fluid in Acute Cerebral Meningitis.

In the case of castration for hypertrophied prostate, the author said he was inclined at first to make suprapubic operation, possibly combining the supra-pubic and perineal. After thoroughly considering the matter and explaining to the patient the probable results of the various operations, he decided to remove the testicles. The arteries were tortioned, the wound closed and integment coapted with a continuous silkworm gut suture. The patient rallied well from the chloroform and suffered no inconvenience or pain thereafter. The wound was examined on the fourth day and primary union was found to have taken place. The patient left Dr. Rickett's private hospital at the end of the sixth day. On the second day after the operation the patient told him that he could urinate with greatest ease, and that the pain was slight; that he could sleep four hours at a time during the night, weheas formerly he had been getting up once every hour. This condition continued to improve during the patient's stay in the doctor's hospital.

Dr. A. H. Meisenbach, of St. Louis, read a paper entitled:

Resection of the Knee for Separation of the Lower Epiphysis of the Femur—

The case was of two years' standing, in a patient thirteen years of age. The author said separation of the epiphysis is a condition that may occur either on account of trauma or disease. There seems to be a difference of opinion by writers as to the frequency of its occurrence, especially as the result of trauma. As the result of disease of the bones—osteomylitis, it is considered a not infrequent accident. Traumatic separation of the lower end of the femur occurs in about from one-fifth to one-third of all the reported cases, and in the majority of instances previous to the sixteenth year, seldom later. The forces that are necessary to produce this separation are various. Thus during childbirth traction may produce it. Volkmann states that he has produced it when the hip is diseased, when making rotation in seeking for crepitation, or extension in the application of plaster of Paris dressings. Other forces are indirect external violence, usually of a twisting character, or lateral or at right angles to the axis of the limb. The readiness with which the dislocation of the separated diaphysis into the popliteal space occurs can be explained. (1) on account of the anatomical structures of the surrounding parts; (2) the force and position of the patient, the popiteal space being in the direction of least resistance, while on the anterior aspect we have the quadriceps tendon, the patella, and the ligamentum patella. The ocurrence of pathological separation of the epiphyses is regarded by the latest writers on surgical pathology and diseases of the bones as a not infrequent accident in diseases of the bones and joints. It is noted in osteomylitis of the long bones.

Third Day—Afternoon Session—

Dr. J. H. Kellogg, of Battle Creek, Michigan, demonstrated by diagrams and illustrations the deformities of American women resulting from neglect of physical exercise and the conventional mode of dress.

The Neatest Circumcision—

Dr. Bransford Lewis, of St. Louis, read a paper before the recent meeting of the Mississippi Valley Medical Association, in which he detailed a method of doing that operation for which he claimed many advantages in celerity, ease and exactitude of performance, and rapidity of healing. The operation was done with the assistance of two instruments, presented by the author, a clamp and prepuce-tractor, which enabled the operator to carry out the following steps of procedure: 1. After cleansing the penis and encircling it with a small rubber band, the prepuce is drawn strongly forward, the traction being applied to its inner surface by means of the serrated tractor, mentioned. 2. The glans penis being repressed, the curved, fenestrated clamp is applied. 3. With these as a support and guide, ten per cent cocaine solution is injected between the two layers of foreskin, anterior to the clamp—no danger of cocaine poisoning occurring, since both clamp and rubber constrictor lie between it and the general circulation. 4. After effective anesthesia has been secured, six double length (ten inch)

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catgut sutures are run clear through the clamp-fenestra and the four layers of foreskin. 5. With strong scissors the latter is cut off at one sweep. 6. Tractor and clamp being removed, the double length sutures being divided, and two additional sutures being placed at the dorsal and frenal sites—previously occupied by the tractor. 7. The vessels are secured and sutures tied all around, making a circumcision that is at once symmetrical, precise and admirable, leading to prompt union and a satisfactory result.

This operation does away with inaccuracy, appended cutting of the mucous layer, and slowness or replacing of suturing, etc. Patients read the newspaper while it is being done.

Drawings illustrating the steps of the procedure and of the instruments (made by the A. S. Aloe Co., of St. Louis,) were also presented by the author.

Modern Surgical Technique—

By Dr. Henry O. Marcy, of Boston. In this paper the author emphasizes first the importance of a most careful bacteriological training on the part of him who would become proficient in surgical practice. In the preparation of the operating room, Dr. Marcy points out the ease and safety with which an ordinary living room, by preference the kitchen, is made comparatively sterile, when from necessity the surgeon is called upon to act promptly and suddenly. In abdominal wounds, where irrigation is not advised, he substitutes for it a slowly flowing stream of oxygen gas from a compressed cylinder. This sterile gas is heavier than atmospheric air which it displaces, and as a consequence renders the wound less likely to infection from the products of respiration and atmospheric contamination. Dr. Marcy reiterates his well known views upon the value of tendon sutures, buried in all aseptic wounds for the approximation and reinforcement of the structures, emphasizing the importance of abandoning the drainage tube in all aseptic wounds and hermetically sealing of the same with iodoform collodion. Aseptic wounds made in aseptic structures, aseptically closed, and sealed are always followed by primary union.

Dr. W. C. Weber, of Cleveland, Ohio, read a paper on

Hydrocele—

The author first dwelt upon the anatomy of the testis, and then alluded to congenital and acquired hydrocele. The congenital form results from an imperfect enclosure between the cavitise of the tunica vaginalis and the peritoneum. Acquired hydrocele occurs in children and most frequently in early adult life. Its cause is not always known, though traumatism is probably the most constant factor in its production. In a hydrocele of small or ordinary size, and the date of its origin is recent, an evacuation by means of a small trocar and canula may be all that is necessary to accomplish a cure. Should this fail in its purpose, it becomes necessary to adopt measures whereby sufficient irritation of the tunica vaginalis may be produced to secure inflammatory adhesion of the opposing surfaces. This end is usually attained by the injection of tincture of iodine, alcohol, carbolic acid, per chloride of iron and other substances into the sac, after the removal of its adventitious contents. Among other methods of treatment may be mentioned excision, incision and the seton. The author reported a case in which he used carbolic acid, which illustrated very nicely in the way of radical treatment in apparently extreme cases. The result was very satisfactory.

Treatment of Traumatic Cataract Attended With Rapid Swelling of the Lens—

By Dr. James M. Ball of St. Louis, Mo. The proposition the author advanced in this contribution was this: In cases of traumatic cataract with rapid increase of intraocular tension, an operation should be performed, and it should not be linear extraction, but an extraction made with the Graefe knife, and with the incision located in the corneo-scleral junction. The knife should cut from one-third to two-fifths of the corneal circumference, according to the extent to which the softening of the lens has advanced. If glaucomatous symptoms supervene with softening of only a small part of the lens, the corneal incision should be large. If the softening involve the whole of the lens, the incision should be of less extent. The chief merit of the operation lies in the avoidance of the valve which is produced by the linear method. In other words, the authors method permits of free evacuatoin of all the lenticular substance with the least amount of traumatism. An iridectomy is not made. All debris is removed at once. This cannot be accomplished by the linear method.

The author then reported two very instructive and interesting cases.

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Fourth Day—Morning Session—

Dr. Robert C. Heflebower, of Cincinnati, contributed a paper, entitled:

The Removal of the Auditory Ossicles For the Relief of Chronic Deafness and Other Abnormal Conditions—

From his experience with this class of ear cases, he draws the following conclusions:

1. No bad results attend the incision of the maleus and the incus, but removal of the stapes is not without most serious danger, both to life and hearing.
2. That the removal of the malleus and incus alone is far preferable to the removal of the stapes.
3. The operatoin is of extreme service in chronic suppuration in suitable cases frequently avoiding mastoid and other serious disturbances of an equally serious nature.
4. It should be performed in cases where there is a high perforation, or where the membrana flaccida is perforated, and where the ossicles are necrotic.
5. Tinnitus, headaches, of ear origin and vertigo are relieved.
6. In suitable cases it is invaluable for relieving deafness, whether from chronic suppuration or from chronic catarrh and sclerosis.

The Treatment and Management of Corporeal Endometritis and a Word as to Prophylaxis in Tubal and Ovarian Diseases—

Was the title of the paper read by Dr. William H. Humiston, of Cleveland, Ohio, in which the author said that nine-tenths of all cases that he treats suffer from some form of endometritis, and its baleful influence on the sympathetic nervous system is marked and manifested by numerous and varied symptoms.

The first and important principle in treatment is to relieve the passive congestion of the uterus, and this is accomplished by medicated tampons. The first tampon should be medicated with boro-glyceride, ido-glycerine, or iothyol-glycerine and supported by sterilized, non-absorbent cotton tampons. The septic cases must be treated on modern surgical principles—rest, asepsis, drainage and curetting. When the cases are diagnosed early and the proper treatment instituted, the author says the abdominal surgeon will not have his belt hanging full of suppurating tubes and ovaries.

A Few Remarks on the Early History of Rectal Diseases—

This was the title of an interesting, historical paper read by Dr. S. G. Gant, of Kansas City, Mo.

Dr. Hanau W. Loeb, of St. Louis, reported a very interesting case of double nasal atresia due to small-pox, relieved by operative interference.

Dr. G. Frank Lydston, of Chicago, contributed a paper entitled

Remarks on the Relation of Residual Urine to Vesical Irritation, Especially in Prostatiques—

The author said it is generally accepted that most of the symptomatic disturbances incidental to certain chronic bladder diseases, especially in cases of prostatic enlargement, are dependent upon the accumulation of residual urine. The author has long been impressed with the idea that residual urine per se is not as important a factor in genito-urinary irrigation as is ordinarily believed. He is satisfied that in a large proportion of adult males there is always a greater or less residum of urine remaining in the bladder after micturition. If prostatic enlargement or other obstruction attacking the mouth of the bladder develop, we have the typical accumulation of residual urine characteristic of such cases. It will then be seen that there may be at varying periods of life extreme differences in the degree of accumulation of residual urine is simply an incident upon which, if taken alone, the symptoms of vesical irritation in no wise depend. Ideally perfect drainage of the basford can only be accomplished by through drainage from above the tube through the trigone and out of the rectum. There were certain objections to this method which the author said it was not necessary to dilate upon. He simply stated as his opinion that only by some such procedure can the bas fond be thoroughly drained.

Dr. Charles B. Parker, of Cleveland, Ohio, contributed a paper on

The Surgical Treatment of Injuries of the Head.

After the introduction and adoption of resolutions of thanks, the Association adjourned.

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Personalities

Dr. Milton Townsend and bride have returned from their Eastern tour.

Dr. J. F. Cunningham, president of The National Bank, Brunswick, Mo., died on January 18th, of pneumonia.

Dr. W. P. Book, president of the suspended Aberdeen Bank, Washington, has been arrested on the charge of perjury.

Dr. E. S. Garner, of St. Joseph, has been appointed a member of the Missouri State Board of Health, vice Dr. J. D. Griffith, of Kansas City.

Dr. A. H. Ohmann-Dumesnil has obtained full control of the St. Louis *Medical and Surgical Journal*, Dr. Frank M. Rumbold having gone to California, perhaps for permanent residence.

Mr. Thomas P. Haley, Jr. President of the well-known Peacock Chemical Co., of St. Louis, was formerly a resident of St. Joseph, and therefore we feel very proud of the success he has made in the legitimate pharmaceutical field.

Dr. E. L. Reigel, of Bloomsburg, N. J., and William Ebbler of Philadelphia, fought a duel at the former place early Sunday morning December 30th, because of jealousy of the doctor's wife. The doctor was wounded twice in the head; the other escaped injury.

Dr. R. P. C. Johnston one of the oldest practitioners in this state, died at his home in Dearborn, Missouri, on January 20. Dr. Johnston was born at the homestead of his father, Stephen Johnston, three miles east of Platte City, Jan. 21st, 1849. He attended the schools of the neighorhood and at Platte City for the needed preparation to enter Louisville Medical College, from which he graduated with honors in 1870, attested by his subsequent long and successful professional career. He was married to Miss Mary E., daughter of Col. W. P. Chiles of Platte City, in 1872, who survives him with three interesting children, Miss Nellie, William and little Sydney.

Dr. George W. Kanfield, of Denver, Colo., proprietor of the physicians' supply house of that city, died very suddenly while sitting in a chair in his room at the Inter-State hotel in Fort Scott, Kas., on the afternoon of Dec. 19th. He was traveling for his health and in the interest of his house. About noon he went to his room and was not seen until his moanings of pain attracted the attention of the occupants of the room next to him. A physician was summoned, who revived the sick man, and left him apparently well. Dr. Kanfield did not go down to dinner, and at 2 o'clock a Mr. Cunnery stepped into his room and found him dead in a rocking chair. In his hand was a letter he had just received from his wife at Denver, in which she asked him to come home for Christmas. His late residence is 1547 StoutStreet, Denver. The body was taken to Denver for interment.

Dr. Parkhurst's New Word.—Dr. Parkhurst has coined a new word, and its aptness and clever construction are quite likely to make it famous. The eminent reformer's word is "Andromania," and of it he says: "There is an element in the feminine world that is suffering from what I shall venture to call 'Andromania.' The word is not an English one, for the reason, I suppose, that the English language makers never supposed that we should need such a term. It is constructed on the same principle as the word 'Anglomania,' which means a passionate aping of everything that is English. 'Andromania' means similarly, a passionate aping of everything that is manish." Dr. Parkhurst makes his new word serve as a title for his first article in the next issue of *The Ladies Home Journal*, and uses it for a vigorous treatment of the type of women for whom he invented it.

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NEWS AND MISCELLANY

New Biweekly.—The *North Carolina Medical Jonrnal* is now a semi-monthly

Railway Surgery.—*The Medical Fortnightly*, of St. Louis, will add a Department of Railway Surgery, with Dr. Webb J. Kelley, Galion, O., as editor.

Bust of Holmes.—A bust of Oliver Wendell Holmes, in marble or bronze, is to be placed in the new public library in Boston, at the request of the Common Council of that city.

Who Will it be.—If kissing is deadly, as scientists assert, there is a fortune awaiting the girl who invents and puts on the market an aromatic brand of carbolized osculation.—*Chicago Dispatch.*

A Good Example.—The Boston Society for Medical Improvement, in line with suggestions made by this journal, has appropriated a sum for the support of the *Index Medicus* on condition that other societies do the same thing.

Disastrous Fire.—We regret to chronicle the loss, by fire, of the entire plant of the Merz Capsule Co., Detroit, Mich., which occurred on the night of December 25th last. We hope this enterprising house will be enabled to rebuild promptly, and resume their extensive trade.

The Kansas City Medical and Surgical Society held its annual elec; tion of officers December 22. The following were elected: F. G. Henry, President-J. W. Foster, First Vice-President; Z. Nason, Second Vice-President; Theodore W. Schafer, Third Vice-President; C. M. Stemen, Secretary; P. C. Palmer, Treasurer.

Art in Advertising.—The spicy New York monthly bearing this name dons a very attractive cover for January, embellished by an official-looking document labelled "Income Tax." Underneath is the following logic: "Many business men escape liability to the income tax simply by doing no advertising." The page is an advertisement for N. W. Ayer and Son, advertising agents, Philadelphia, and is very handsome—but marred by a typographical error in the word "business."

Diphtheria Antitoxic Serum.—Gibier's Diphtheria Serum may now be obtained in small quantities, for actual need, of Messrs. Lehn & Fink, 128 William Street, New York. Until the supply of serum becomes more plentiful, this house requires each order to be accompanied by a physicians' statement, or preferably a board of health notice, showing that a true case of diphtheria is under treatment, or suspected. This rule is established to prevent the serum from being scattered without being put to immediate use. Prices: 7 ccm. vial (for immunizing) $1.25 each: 25 ccm. vial, (for treatment), $3.00 each: Pasteur syringe, $4.00. Clinical reports upon application to the above house.

Bloodless Operation for Hemorrhoids.—Manley (*Boston Med. and Surg. Journal*) describes his bloodless method of treating hemorrhoids. A brisk purgative is given the evening before the operation, two to four ounces of whiskey are administrated, and effective cocainization applied hypodermically. Anal dilatation, gradual and steady, without rupture of the muscle, is done, and after drying and mopping with cocaine solution, each hemorrhoid is separately seized, close to its base, firmly between the tip of the thumb, index and middle fingers. It is put on full stretch, then twisted, and finally so completely crushed that it is reduced to a pulp, and none of the investing tunics remain, except in the mucous membrane and its under stratum of fibrous tissue. The mass is then returned and an opium suppository introduced. He has treated thirty-two cases in this way with perfectly satisfactory results.

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ITEMS OF INTEREST.

The Perfect Man should weigh twenty pounds for every foot of height.

La Grippe is increasing in New York City, nearly 300 policemen having fallen victims.

Old Medical Journals.—Following are the oldest medical publications in the United States in order named: The Boston *Medical and Surgical Journal*, the *American Journal of the Medical Sciences*. The Cincinnati *Lancet-Clinic*, and the *St. Louis Medical and Surgical Journal*.

A New Phase of Hypnotism.—The recent account in the daily press, of a farmer's hand, who committed murder, while under a "spell" induced by an alleged hypnotist, may develop unpleasant features for those interested along the line of psychic influence. It now appears that the hypnotist, and not the murderer, will hang for the crime.

The First Anesthetic.—The fiftieth anniversity of the use of anesthesia for the purpose of relieving pain was commemorated recently in a fitting manner by the Connecticut State Dental Society, at Hartford, Conn. A memorial tablet had been provided by small subscriptions from dentists in every State in the Union, as a tribute to the discoverer, Dr. Horace Wells; and this was placed upon the building which at present stands on the old site of Dr. Wells' office. The work was performed before a large and notable gathering of dentists and other scientists.

Typhoid from Oysters.—According to Dr. Charles A. Lindsley, of New Haven, secretary of the Connecticut State Board of Health, the epidemic of typhoid fever at Wesleyan University, at Middletown, Conn., could be traced to oysters infected with the germs of disease. It has been ascertained that the oysters provided for a series of banquets at the university had been placed in a portion of the Quinepiac River to fatten. The fattening ground is close to the house of the dealer from whom the oysters for Middletown consumption were obtained, and it was learned that two members of the dealer's family had suffered from the fever, and that excreta had been discharged into a sewer which empties into the river close to the place where the oysters had been placed.

Considerable interest is being evinced by physicians regarding the tonic stimulant action of Kola, and it is coming to be largely used in cases of nervous exhaustion, as it combines the invigorating properties of caffeine, with the stimulating effects of theobromme and kolanin, which latter peculiar principle is claimed by some investigators to be superior to cocaine as a stimulant, without the enslaving properties of the latter alkaloid. This peculiar principle is found more abundantly in the fresh (undried) Kola nuts, and taking advantage of the knowledge of this fact, Messrs. Frederick Stearns & Company, of Detroit, Mich., have been the first to place on the market a wine of Kola, for which they have coined the fanciful title "Kolavin" to distinguish their product from similiar preparations, which in time will undoubtedly appear. "Kolavin" is a delicious aromatic tonic wine, each dose (a tablespoonful) of which contains 30 grains of the fresh (undried) Kola nuts. It is a prompt and active stimulant, and is useful in all cases where such a stimulant is needed. Samples of "Kolavin" may be obtained by addressing the manufacturers, Frederick Stearns & Company, Detroit, Mich., who are headquarters for Kola nuts in this country, having introduced the drug to the medical profession in 1881, and being the sole importers of the fresh (undried) nuts from Africa. Their Scientific Department has recently issued an elaborate monograph on Kola, profusely illustrated, which is worthy of a careful perusal, and will be sent to any physician who will apply for a copy, mentioning this Journal.

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Unguentine is the ideal surgical dressing. This is demonstrated in the Ensworth hospital, this city, where this agent is being used with uniform satisfaction to the staff.

Gaseous Dyspepsia.—If your patient suffers from eructations of gas from the stomach, flatulency, heartburn or colic, give a fluid drachm of Seng, repeated every half hour until relieved; then give one or more fluid drachms before each meal until the cause is removed,

A Grateful Physician.—A curious will was left by a physician of Glasgow who died recently. He bequeathed his entire fortune to his wife out of gratitude for the fact that she had left him after a marriage of three months and since then had allowed him peace and quiet.

A Satisfactory Instrument.--The Acme Alternating Current Controller, manufactured by Messrs. Holekamp, Grady & Moore of 915 Olive street, St. Louis, is a satisfactory instrument. If any of our readers have been dissatisfied with storage batteries they will be doubly pleased with the Current Controller. A platinum instrument can be brought to any desired heat with its use.

Ancient Artifices.—Dr. F., a physician of Montpelier, was in the habit of employing a very ingenious artifice. When he came to town where he was not known he pretended to have lost his dog, and ordered the public crier to offer, with beat of drum, a reward of 25 louis to whoever should bring it to him. The crier took care to mention all the titles and academic honors of the doctor, as wel las his place of residence. He soon became the talk of town. "Do you know," says one, "that a famous physician has come here, a very clever fellow? He must be very rich for he offers 25 louis for finding his dog." The dog was not found but patients were.

A Good Thing.—We have on our table one of the pocket cases now being given as a premium to new subscribers to Dr. Abbotts' Alkaloidal Clinic. It is a wonder how so much value can be given for so little money even as an advertisement. But, then, anyone who buys of the 'Abbott Alkaloidal Co.' is sure to again. The case itself is substantial in every way, and then look at the list they offer to select from (see advertisement on another page). It embodies all the principal alkaloidal remedies. They a e sending out hundreds of these cases and we wonder they can supply the demand. Their new $3.00 offer made in the same advertisement is just a bigger good thing.

The St. Joseph Academy of Medicine.—The St. Joseph Academy of Medicine has organized with the following officers for 1895. President, Dr. C. H. Wallace; Vice-President, Dr. J. M. Richmond; Secretary, Dr. Daniel Morton; Treasurer, Dr. W. B. Davis; Cersor, Dr. P. I. Leonard. The charter members are J. M. Richmond, C. H. Wallace, Jacob Geiger, Daniel Morton, Jas. W. Heddens, John W. Leonard, J. B. Reynolds, P. I. Leonard, S. F. Kessler, W. B. Davis, E. S. Garner, T. H. Doyle, Barton Pitts, Hiram Christopher.

The object of the St. Joseph Academy is mutual improvement by the scientific study of medical and surgical subjects and by the formation of a library and medical museum. For these purposes the corporation is authorized to receive gifts and bequests. The initation fee is ten dollars. The membership consists of Fellows and Associate Fellows, the latter being non-residents of St. Joseph, but entitled to all the privileges of the acadmey and elected in the same manner and subject to the same fees as Fellows. Stenographic reports of the proceedings of the academy will appear in this journal every month hereafter. One of the unique features of the organization is the provision requiring members to serve as president in rotation. The President appoiuts all the officers and no election is ever held. The gentlemen composing this society represent the best element of the St. Joseph profession and this insures the success of the enterprise.

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THE HERALD'S PREMIUM LIST

Every physician sending in a subscription to **THE MEDICAL HERALD** before February 15th, will be entitled to his choice of the following list of premiums:

1 Copy Leonard's Physician's Pocket Day Book.
1 Copy Leonard's Pocket Anatomist, illustrated.
1 Copy Leonard's Materia Medica and Therapeutics.
1 Copy Leonard's Reference and Dose Book.
1 Copy Over 1,000 Prescriptions.
1 Copy Clark's Physical Diagnosis and Urinalysis.
1 Copy Owen's Post Mortems, How to Make.
2 Pads Gynecological Tablets.
2 Pads Obstetric Tablets.
1 Copy Erasable Tablet Call Book.
1 Copy Fothergill's Brief Therapeutics.
1 Leonard's Flexible Uterine or Throat Applicator.
1 Hypodermic Syringe in Case.
1 Clinical Thermometer, warranted accurate.
1 Humerus (perforated metal) Splint.
4 Smith-Hodges Closed Lever Pessaries.
1 Sims's Uterine Sound.
1 Simpson's Uterine Sound.
1 Director and Tongue Tie, or Aneurism Needle.
1 Goodwillie's Nasal Speculum.
1 Hard Rubber Ear Syringe.
1 Set (4 sizes) Gruber's or Toynbee's Ear Specula.
1 Doz. Surgeon's Needles, assorted sizes and kinds.
10 Patent Eye-Threading Surgeon's Needles.
1 Doz, Red Gum Catheters.
1 Olive Pointed French Catheter.
1 Double-Current Catheter, male.
1 Double Current Catheter, female.
1 Double-Current Catheter, Lisle thread.
1 Combined Male and Female Catheter.
3 Olive Point Lisle Catheters.
3 Olive Point Lisle Bougies.
1 Doz. Red Gum Bougies, assorted sizes.
1 Buttles Spear-pointed Uterine Scarificator.
12 Reels, assorted sizes, Surgeon's Silk.
1 Coil Silver Wire and 7 Reels Silk.
1 Doz. Carbolized Sponge Tents.
3 Coils Silver Suture Wire, different sizes.
1 Vial, 3 sizes, twisted silk.
1 Vial, 3 sizes, braided silk.
1 Vial Catgut (3 sizes) Antiseptic Ligatures.
1 Powder Insufflator, with patent scoop.
1 Tongue Depressor, folding fenestrated, nickel-plated.
1 Double Canula.
1 Nasal Speculum, Goodwillie's.
1 Posterior Nasal Syringe.
Any Single-bladed, shell-handled pocket instrument.
1 Gross' Ear Scoop and Spoon combined.
1 Artery Forceps, plated.
1 Dressing and Polypus Forceps, plated.
1 Pair Pocket Case Scissors, any shape.
1 Trocar, Exploring, Silver Canula.
1 Ashton's Glass Rectal Speculum.
1 Dieffenbach Self-closing Artery Clamp.
1 Soft Rubber Esmarch Bandage.
1 Gouley's Whalebone Guide.
2 Van Buren's Steel Sounds.
1 Set Phalangeal (3 pieces) Splints.
1 Levis's Radial Splint.
1 Tibia and Fibula (perforated metal) Splint.
1 Maxilla Splint, perforated metal.
1 Femur Splint, perforated metal.
1 Long Patella Splint, perforated metal.
2 Throat Mirrors with handle.
1 Urinometer.
1 Fitche's Patent Pocket Scales.
1 Trocar (Hydrocele, etc.)
1 Ashton's Perineum Needle.
1 Exploring Needle, folding, shell-handle.
1 Seaton Needle, folding, shell-handle.
1 Lancet and Vaccine Comb combined.
1 Bristle Probang for Throat.
1 Otis Flexible Prostatic Guide.
1 Pair Retractors, Parker's or Mott's.
1 Metacarpal Saw, ebony handle.
1 Nelaton's Probe, porcelain head.
1 Hard Rubber, Silver Clamp Caustic Case.
1 Wild's Angular Ear Forceps.
1 Doz Sea-Tangle Tents.
¾ Doz. Sea-Tangle Hollow Tents.
1 Doz. Slippery Elm Tents.
1 DeVilbis Powder Blower.
1 Stylographic Pen.
1 Double Glass Magnifier.
1 Eye scissors.
1 Doz Surgeon's Sponges in glass.
1 3-Blade Ivory Handle Pocket-Knife.
1 Pair Silver P. C. Probes.
4 Hypodermic Needles.
1 Thomas's Dull Curette.
1 Sponge Holder.
1 Bone Chisel, oval or flat.
1 Household Syringe, H. R. tips.
4 Retroversion Pessaries.
4 Spiral Ring, S. R. Pessaries.
2 Glass Vaginal Specula.
1 Reversible Trocar.
1 Fountain Pen.

Any doctor or student sending in **three new subscribers** will be entitled to a premium and THE HERALD **free** for a year.

CHAS. WOOD FASSETT, Business Manager, St. Joseph, Mo.

Enter my name as a subscriber to **THE MEDICAL HERALD** for the year 1895, and send me by return mail as Premium _____

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Inclosed find **$2.00** in full payment.

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Seasonable Suggestions.

With the opening of the winter season, and its attendant bronchial and pulmonary troubles, we are having from many sections, reports of a recurrence of the La-Grippe epidemic which for the past six or seven years has afflicted the country.

This fact makes particularly pertinent a recalling of the salient points of Dr. V. W. GAYLE's paper first published in the *Medical World* in the midst of La-Grippe's most malignant visit. It will be well to note closely his recomendations and experience in connection with the recurrence of the epidemic which is now apparently upon us. He says: "This disease by proper treatment of an attack can be so modified as to be almost aborted. If not properly managed, influenza is particularly liable to grave complications, even in mild cases the tendency is towards prostation, and often the nervous shock is such as to materially debilitate the patient. Where there is such angina with acute bronchial irritation, the following is indicated.

℞ Ammon. Chloridi.....ʒ ij
Potassii Chloras.....ʒ j
Tinct Ferri Chloridi.....ʒ ij
Syr. Simplex.....ʒ ij
Aquæ.....q. s. ft. ʒ iv
M Sig.—Teaspoonful in sweetened water every four hours, also apply to the throat with probang every three hours.

Quinine is the best germ destroyer we have for the microbe of influenza. During the recent epidemic I aborted quite a number of cases with antikamnia and quinine in combination; also with antikamnia and salol. The relief obtained by the administration of antikamnia alone, where the cephalalgia was severe, as in the majority of my cases, was wonderful. When the pain seemed almost intolerable I have seen a ten grain dose banish it.

Mustard pediluvia are of great advantage, and a plaster of mustard and lard, one of the former to two of the latter, applied directly to the chest, answered admirably as a mild counter-irritiant.

Expectorants are often needed, and antikamnia should be administered with them, thus:

℞ Antikamnia (Genuine).....ʒ j
Syr. Senega.....ʒ j
Vini Ipecac.....ʒ iij
Syr. Tolutan.....q. s. ft. ʒ iv
Mix and let stand until effervescence ceases.
Sig.—Teaspoonful every two hours.

The mild chloride of mercury in minimum doses often repeated will be beneficial. The following prescription is a favorite of mine:

℞ Hydrarg. Chlo. Mit.....gr. j
Sodii Bicarb.....ϑ i
Lactopeptine (Genuine).....ʒ ss
M. ft. Chart No. X.
Sig.—One every hour until all are taken, followed by a full dose of Hunyadi janos water."

"Antikamnia and Quinine Tablets," containing 2½ grains each of antikamnia and quinine, also "Antikamnia and Salol Tablets," containing 2½ grains each of antikamnia and salol, offer the best vehicle for exhibiting these combinations, giving one every two or three hours.

Gayle concludes his paper as follows: "What is mostly needed is an antithermic analgesic to relieve the pain and reduce the fever. These properties are found in antikamnia. This with the germ destroyer quinine is all that I really needed in the treatment of this disease. I advocate the use of stimulants in nearly every case. They are frequently needed in the onset of the disease. Sprays of carbolic acid, turpentine or resorcin are frequently efficacious in the laryngeal troubles. The diet should be light and easily digestible. By careful attention and avoidance of exposure, together with the of line treatment mapped out, the vast majority of cases will recover. Of course, there are occasional cases which present symptoms which require other remedial agents, but these of necessity must be left to the discretion of the medical attendant."

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THE MEDICAL HERALD

MEDICAL HERALD COMPANY, - - - - - PUBLISHERS.
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ALL matter pertaining to this department, or concerning advertisements, to insure prompt attention should be addressed to the Business Manager . . . . . .

THE HERALD'S circulation being among a class of physicians who PAY THEIR SUBSCRIPTIONS (and consequently READ each issue), this journal naturally offers the best opportunity to those advertisers who desire to reach the thrifty and progressive practitioners of the West and South.

Publishers' Bureau.

THIS DEPARTMENT will be devoted to such notices and comments as the Business Editor may feel inclined to make of deserving and meritorious preparations, and such items of news concerning new goods as will prove interesting to our readers. Practitioners are particularly requested to send us brief facts concerning the success of preparations advertised in THE HERALD, as demonstrated in their practice, and we will always be glad to give space in our Original Department for extended reports of clinical cases. Practices for sale, or notices of removal, not exceeding ten lines, will be inserted FREE three times for subscribers. Always state reasons for selling.

AMUSEMENTS IN ST. JOSEPH.

THE CRAWFORD THEATER—Fifth and Jule streets—First-class attractions at popular prices. Seats reserved four days in advance. NICK WAGONER, manager.

THE NEW TOOTLE THEATRE—Finest House in the West.— TOOTLE ESTATE, Proprietors. Fifth and Francis Streets. Do not fail to visit the Tootle Theatre. Seats reserved by mail or telephone.

DIME MUSEE—BERT. MARTIN, proprietor. 114 South Fourth Street. Four Performances Daily.

Salacetol is rapidly gaining in favor as an anti-rheumatic, and is now being prescribed by most of our city physicians, as well as in the Ensworth hospital.

Practitioners' Course for 1895.—The Kansas City Medical College will hold its annual post graduate course at the College building, corner 9th and Washington St. and at the City, St. Joseph's, Scarritt's, the German and St. Margarett's Hospitals, commencing Monday, March 18th, 1895, and continuing six weeks. This will be the best by far ever yet given by this college, to celebrate the close of our unusually successful year's work. For further instruction address,

Dr. JOSEPH SHARP, Sec'ry, 1827 Cherry St., Kansas City, Mo.

Aseptic Hospital Furniture.—We are pleased to inform our readers, and especially those who are connected with medical and surgical institutions, that it is no longer necessary to send east for furnishings for the hospital wards. The Holekamp, Grady & Moore Instrument Co., of St. Louis, announce that they are manufacturing a full line of operating tables, cabinets, water-stands, douche racks, ward and instruments stands,—in fact any article needed in a general hospital. The well-known reputation of the above house for fair dealing, and low prices, is a guarantee that their goods in this line will be satisfactory in every respect. Send for catalogue

Sander & Son's Eucalypti Extract (Eucalyptol).—In the article treating on inhalations of eucalyptus in cases of diphtheritis (Berlin *Klin. Wochenschrift* 1876, No. 21) by Prof. Dr. Mosler, Director of the Medical clinic of the University at Griefswald, it is stated: "The oleum eucalypti folies, I employed in my tests, I received through Holzle & Chelius, Frankfort-on-the-Main; it must not be mistaken for the more frequently offered oleum eucalypti australe which is obtained from the wood of the eucalyptus trees. This latter oil is used commonly for mechanical purposes and has a far cheaper price; it is, however, no longer applied by me as an internal medicament." We certify that the oleum eucalypti folies named in the Berlin *Klin Wochenscrift*, 1879, No. 21, and there mentioned to have been procured from us, was the product of Messrs. Sander & Sons, Sandhurst, Australia. Holzle & Chelius, Frankfort-on-the-Main, Agents.

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Eczema and Acne Remedy.—*Sample Free* to any physician; address box, 359, El Paso, Texas.

The Colorado Climatologist is published in *South* Denver, and exchanges should be addressed accordingly.

Surgical Chair.—Any doctor in need of a first class operating chair, can secure a bargain by addressing RETIRED, care MEDICAL HERALD, St. Joseph, Mo.

Your Sister, or somebody's else's sister would appreciate the *Ladies Home Journal*, or *Munsey's Magazine*, for a year. We furnish either, clubbed with THE MEDICAL HERALD for $2.25,or all three for $3.25.

Physicians receiving a copy of this issue of THE HERALD, who have not subscribed, will please understand that their names have been handed us by some friend. The "offense" will not be repeated, unless we receive a subscription blank filled out and mailed to our address. See list of 100 premiums on another page.

Physicians' Pocket Register Free to the first one sending us two new subscribers to the MEDICAL HERALD. This pocket register is made by Henry Berndt & Co. of St. Louis, and is conceded to be the most perfect record for the doctor, yet devised. In addition to an *alphabetical* register for regular patients, covering every day in the year, this book contains an Obstetrical Record, and Table of Pregnancy; Vaccination; Addresses of Nurses; Record of Deaths; and a recapitulation of Cash account, all bound in handsome leather, convenient for pocket, and containing your name on the flap in gold letters.

W. H. Cunningham. M. D., Butler, Ala., on Nov. 15th, writes: I have been using "Papine" for about a year. It is not only retained in the most irritable conditions of the stomach but will also control nausea and vomiting with more certainty than any other remedy. Even in acute Gastritis it controls the vomiting better than morphine hypodermically. A number of ladies in my practice cannot take morhia on account of nauseating after-effects. The Papine has *never* in a single instance produced any unpleasantness. As an anodyne for children (from two months up) it is simply inimitable. Permit me—without solicitation—to express to you my thanks for the production of a remedy so useful, and in many instances absolutely indispensable.

Directory and Rate Book of Medical Publications.—Mr. Henry C. Ludwig, of New York City, is engaged in compiling a classified directory of publications devoted to medicine and allied sciences, in which he proposes to present, in alphabetical order, the name, subscription price, circulation, and advertising rates of each journal in the U. S. and Cadada, together with other useful information to those who contemplate advertising. Every alternate page will be blank for memoranda, thus making a complete reference book. Advertising pages will be $10 each, and we advise our exchanges to patronize this very worthy enterprise, and render all assistance possible in making it correct and reliable. Address, Henry C. Ludwig, Publisher, 10 Reade Street, New York City.

What Antiseptics are Truly Effective and Safe.—Of the numerous antiseptics prescribed throughout the medical world only a few after all, which are truly germicide, are not too poisonous or irritant to use in daily practice or to recommend for family, personal or home disinfection. Oil of cinnamon as recommended by the Pasteur Institute, Paris; citric acid, as recommended by the Municipal laboratory of Paris, eucalyptus, as recommended in Sternberg's monumental work on bacteriology; peppermint oil and a few other drugs comprise practically the germicides that one can depend on, if properly prepared, for disinfection of mouth, bowel, wounds, skin, nasal cavities, vagina, etc. Fortunately these agents are on the market all in a most palatable preparation known under the name of Pasteurine which even the child uses in the mouth with relish. It undoubtedly prevents diphtheria and other germ diseases.

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THE MEDICAL HERALD

A PRACTICAL MONTHLY JOURNAL OF THE MEDICAL SCIENCES.

HIRAM CHRISTOPHER, M. D., Editor.

ASSOCIATE EDITORS: JACOB GEIGER, M. D., SURGERY; J. W. HEDDENS, M.D., PATHOLOGY

To contributors of Original Articles, a liberal number of copies of the HERALD will be given (or mailed free of expense if addressees are furnished), and the publishers will furnish reprints at cost, application for same to be made when copy is forwarded.

Illustrations will be furnished FREE for all articles requiring same, if drawings are furnished.

Original Articles, Clinical Reports, Society Proceedings, Correspondence and News invited.

Address all articles for publication, books for review and exchanges to the EDITOR.

Address all correspondence relating to subscriptions and advertisements to MEDICAL HERALD Co., Sixth and Charles Streets. (See Publishers' Bureau.)

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$2 a Year, in Advance

Contributed Articles

[EXCLUSIVELY FOR THE MEDICAL HERALD.]

Lessons Learned in Autopsies.

BY FRED. BYRON ROBINSON, M. D., CHICAGO, ILL.

Professor of Gynecology, Post-Graduate Medical School; Gynecologist to Woman's Hospital, to Charity Hospital, and to Post-Graduate Hospital.

FOR ten years I have followed with interest, gynecology and abdominal surgery. Theories may come and go but the interest in autopsies goes on forever. An autopsy is of interest when it reveals some useful object, be it anatomic, physiologic or pathologic. Autopsic revelations are generally limited to anatomic and pathologic matters. The autopsy indicates what the nature of the disease was and its exact locality. The highest interest in an autopsy lies in the fact that some physician who treated the living patient should at least be present at the post-mortem. But in our country this is generally not possible. So that the autopsy reveals general interests without distinct regard to modes of individual treatment. The next highest interest in autopsies is that specialists should perform that part to which they have devoted their life's efforts. The future interests in autopsies lies in specialists doing their own. I have performed about two hundred autopsies, but the chief interest to me lies in the abdomen, so that my lessons will be from that cavity. By autopsies one learns, also, the use of organs.

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As one opens the abdomen it may be observed that the omentum—the surgeon's friend, the man-of-war—tends to the left, that it seldom covers the caecum, that it is fixed to any old adhesions where inflammation has arisen. It may be seen that the omentum has checked peritonitis in various quarters of the abdominal cavity and, in short, has frequently saved life by burying the infectious invaders in old exudates forever. Finally the omentum prevents the invasion of infection from any part by peritonitis. We will quickly see that peritonitis is a life-saving process, while it is infection that kills. Peritonitis is nature's method of repair. That the omentum assumes a great and useful role in the animal economy which is chiefly found out by observing its condition in post-mortem. How are we to learn visceral pathology? It must be chiefly studied by autopsies through the peritoneum. In looking into the abdomen of a dead subject we become impressed with the locality of disease, the organs it attacks and its nature. We see the shape, outline and locality of organs. We can observe, as on a map, the mountains of exudates or the hill of pathology in various districts of the abdomen. There are great and small regions where disease is apt to occur. They must be discussed by noting where peritonitis is liable to arise. For peritonitis leaves its traces through the years. First, to generalize, we will note the three great districts where inflammation or peritonitis arises. These are:

(a) The pelvis, i. e., the infection invades the pelvic peritoneum through the ends of the Fallopian tubes. Pelvic peritonitis can be observed in at least 50 per cent of women which I have examined. Besides it may be noted that when the adhesions are at the mouth of one tube the mouth of the other tube is not generally free from peritonitis. The adhesions are of all kinds and degrees, from the spider-web kind to the dense bands of solid white connective tissue. It is of interest to practice cleavage in its various forms in the dead body, for in the living I know of three cases where holes were torn in the gut and the patients died. Good pelvic surgery depends on a surgeon's skill in accomplishing cleavage. Cleavage means the distinct and definite separation of peritonal layers which have adhered together from inflammation. The place to learn it is in the dead-house, with female subjects having pelvic peritonitis. Pelvic peritonitis seldom kills because the inflammation is limited. The limitation of inflammation is due to the force of gravity, the pendent pelvis, non-peristalsis and the definite bony surrounding. Also the pelvic peritoneum has learned through the ages, to resist inflammation in the female.

(b) Another great region of peritonitis is the appendicular and cecal. Four times as much peritonitis occurs around the appendix in man as in

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woman. The reason is that women's Gerlach's valve—mouth of the appendix—is much wider than man's. If a foreign body fall into a woman's appendix it can easily fall out, but if it fall into a man's appendix it irritates and aids in closing the mouth of the appendix by œdema of the mucous membrane. Again, in the region of the cecum there is a kind of inflammation produced by the contraction and relaxation of the psoas and iliac muscles. This same kind of inflammation arises over the psoa just under the sigmoid as it comes over it. This observation of peritonitis induced by the contraction and relaxation of the psoas and iliac muscles is an original view which came to me while pursuing autopsic work.

(c) The next general locality of peritonitis is the gall-bladder. Modern abdominal surgery has made its great progress in these three great regions of peritonitis, viz: pelvic, ceco-appendicular and gall-bladder. The abdominal surgeon soon maps out these districts when called to patients suffering with visceral disease. The minor regions of peritonitis are the *sphincters*—(a) pylorus, (b) ilio-cecal, (c) anus. Besides the *flexures* (d) the hepatic, (e) the splenic, (f) the sigmoid. Now visceral disease and consequently peritonitis is apt to arise in the above regions. A sphincter is a weak point, as it has a high function, a complicated nerve-apparatus, a periodic blood supply and a large lymphatic system. Malignancy and cicatrical tissue is apt to arise in a sphincter, both of which may induce peritonitis. Also, the colonic flexures may give rise to disease from trauma or irritation. The solid feces containing sharp, rough foreign bodies may wound the mucous membrane as they pass around its acute angle and with a wounded mucous membrane the way lies open for infectious invasion into the gut-wall or peritoneum. Outside of the peritoneum one learns the size and dimension of organs. One soon learns the various positions of organs and their wonderful variation. In the exact measurements of thirteen autopsies the colon averaged twenty-three inches. The shortest colon was thirteen inches and the longest forty-two inches. The difference was twenty-nine inches. The ascending colon averaged seven and one-half inches. It varied two inches in length. The longest descending colon was nearly ten inches; the shortest was six. It varied four inches. The small intestine measured twenty-eight feet; the shortest, thirteen feet. It varied fifteen feet. The average was nineteen feet. The sigmoid averaged twenty-three inches. The shortest was eight inches and the longest twenty-six inches. It varied eleven inches. These figures were taken from seventeen autopsies. So far as regards the abdominal viscera they vary within wide limits as to dimensions and position. A notable feature in the abdominal viscera is prolapse. The whole viscera falls toward the

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pelvis. The mesenteries and supports elongate. In nearly every one of the seventeen autopsies the loops of the small intestine would pass through the hernial orifices artificially produced. In one case the ilium entered the ascending colon from behind and to the external side. In one case the caecum was arrested immediately under the liver and did not descend to its home in the iliac fossa. In four cases out of the seventeen the cecum hung in the pelvis. In each of these cases the cecum would herniate through the hernial rings. The cecum was so free that it would touch almost every organ in the body. In these four cases the peritoneum did not leave the posterior surface of the ascending colon for two or three inches above the entrance of the ilium. The ascending colon varies more than any portion of the large bowel, in position and dimension.

CLEVELAND, OHIO, Jan. 16, 1895.

MY DEAR DOCTOR:—The Cleveland Medical Society held its annual election at its quarters in the Chamber of Commerce rooms, on Friday evening, January 11, 1895. The following officers were elected: President, Wm. E. Wirt; First Vice-President, Aug. F. House; Second Vice-President, Henry S. Upson; Recording Secretary, W. F. Brokaw; Corresponding Secretary, Frank S. Clark; Treasurer, N. Stone Scott; Librarian, William E. Bruner; Censors, M. Rosenwasser, Howard S. Straight, L. B. Tuckerman, A. J. Cook, W. J. Scott; Pathologist, A. P. Ohlmacher; Trustees, H. G. Sherman, C. H. Gentsch and C. F. Dutton.

Immediately after the election the Society adjourned to the Hollenden Hotel, where the annual banquet was held.

The retiring president, Dr. W. H. Harriston stated in his address, that the society has 291 members; that the average attendance for the year was 135, being in this regard, second to no society of its kind in the United States, as shown by reports he had received from other societies. The society meets every two weeks. W. F. BROKAW, Secretary.

Sewer Gas and Throat Disease.—Dr. Beverley Robinson, of New York, (*Provincial Medical Journal*) has written an able article on this question and arrives at the following conclusions: "The influence of sewer gas upon diseases of the throat can be summarized as follows: 1. Given a patient with a so-called weak throat, subject to frequent attacks of quinsy, etc., expose him to sewer gas, he will probably develop amygdalitis. 2. Given a patient in good health, with a throat containing Klebs-Löeffler bacilli, expose him for any time to sewer-gas, and he will probably develop diphtheria; or, 3. Given a mild case of diphtheria, expose him to sewer gas, and the disease will assume a more malignant type. Therefore, although sewer gas plays an important part in the etiology of some throat diseases, it can by no means be held responsible as the primary all-efficient cause."

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Interesting Statistics in Regard to the Treatment of Cancer.

By E. G. JONES, M. D., (Dartmouth, '71) Patterson, N. J.

I NOTICE in the *New York Medical Record* of August 23, 1894, an article giving some statistics in regard to the treatment of cancer, by Dr. W. T. Bull, of New York City. These statistics apply *only* to cancer of the *breast*, and the treatment is the ordinary surgical treatment of cancer. This is a record of 75 cases treated previous to 1891. Dr. Bull has taken the usual three years' limit; that is, he is satisfied if the patient has no recurrence of the disease within three years from the date of operation.

The figures as given by him are as follows: Total number of cases treated to prior to 1891, 75; died from the operation, 3; died from recurrence or metastasis, 50; still living after recurrence, 2; died of other diseases after having passed the three years' limit without further manifestation of the cancer, 4; died of other diseases during three years following the operation, 0; still living without recurrence of the cancer, January 1, 1894. 16.

According to the above statistics *two-thirds* of the patients that he treated died from recurrence or metastasis of the disease, and only a little over one-fourth may be considered permanently cured.

These statistics will be about the average of the ordinary surgical treatment of cancer.

In comparison with the above statistics, allow me to call your attention to some statistics giving the results of my treatment of cancer.

The treatment was local, constitutional and supportive, and shows the difference between the medical and surgical treatment of cancer. I have selected 100 cases *good* and *bad*, external, that were treated consecutively previous to January 1, 1891: Total number of cases, 100; died under treatment, 1; died from recurrence of cancer, 2; still living with recurrence, 2; died of other diseases after having passed the three years' limit without further manifestation of the cancer, 15; died of other diseases during three years following treatment, 14; still living without any recurrence of cancer, January 1, 1895, 66.

You will notice from the statistics given above that Dr. Bull's cases as reported refer only to cancer of the *breast*, while the cases as reported by me, include *all* forms of cancer, both external and internal. Dr. Bull reports in his statistics 16 out of 75 permanently cured. In my report you have 66 out of 100 permanently cured. From my own experience of cancer,

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which has covered a period of twenty-five years, if there is a recurrence of the cancer after treatment, it is generally within a year after the treatment of the cancer.

You will notice in my report that *two* cases out of the 100 died from a recurrence of the cancer, and *two* are still living with recurrence of the cancer.

In Dr. Bull's statistics 50 out of the 75 cases he reported died from recurrence of the cancer.

I believe that the above statistics will prove interesting reading for intelligent physicians throughout the country, and I willing to leave it to the average practitioner to decide which plan of treatment they would *prefer* to use in the treatment of cancer.

Temperature Charts prepared by D. T. Lainé, M. D., published by W. B. Saunders, 925 Walnut St., Philadelphia. Pads of 25, 50 cents. These charts are admirably suited for keeping record of fever cases, especially in cases where the bath treatment is employed. On the back of each chart are specific directions for giving baths according to Brand's Method. Each chart has space for four days.

Important Subject.—In the October number of *Gaillard's Medical Journal*, Dr. Fred Byron Robinson, Professor of Gynecology in the Chicago Post-Graduate Medical College, has an earnest plea for a more thorough study of the abdominal viscera. Too little attention is paid by both teachers and students to the minute anatomy of the abdominal viscera. Dr. Robinson has spent years in dissecting these parts. Recently Messrs. E. H. Colegrove & Co., of Chicago, have issued a splendid plate of the sympathetic nervous system, based on dissections made by Dr. Robinson.

Bacteriological Laboratory.—Dr. L. E. Lemen, Denver's Health Commissioner, has succeeded in establishing a bacteriological laboratory which places our city in line with the most advanced cities in the country. Two large rooms on the fourth floor of the City Hall have been thoroughly equipped with the necessary apparatus, including a fine Leitz microscope. Dr. LaGarde will be in charge, and thorough research will be made in all cases of infectious and contagious diseases occurring in the city. The *Bulletin* takes pleasure in announcing that through the courtesy of Dr. Lemen, its readers will be furnished a detailed monthly report of the work of this laboratory. Physicians will, upon request, be furnished tubes with instructions for placing therein pathogenic deposits, sputa, etc., after an examination of which a report will be returned. By this means the diagnosis of diphtheria, especially, will be definitely determined in all cases.—*Gross Medical College Bulletin, Dec., 1894.*

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Descemetitis.*

By HERMAN SNELLEN, Jr., M. D., Utrecht, Holland.

DESCEMETITIS, or serous iritis, is a distinct and well-known disease of the eye as to its symptoms. With regard to its nature opinions very much.

The earliest observers looked upon it as a disease *sui generis,* and according to this they called it aquo-capsulitis, keratitis punctata, or discemetitis. Later writers thought it merely a symptom of disease of the deeper parts of the eye, and as the iris is mostly more or less inflamed, they employed the name of iritis serosa.

Treacher Collins regards this disease as primarily a catarrhal inflammation of the glands of the ciliary body and Priestly Smith, following out this idea, suggests that it should be called serous cyclitis instead of serous iritis. Fuchs, also, in his treatise, describes it as a cyclitis.

Most of the recent writers are agreed that the opaque dots upon the posterior surface of the cornea are deposits of pathological productions of some parts of the uveal tract, and that they consist of cells and fibrin, and sometimes pigment granules.

I shall not enter more into details of the history of this disease, as Lawford has given an excellent *resume* of it in the *Ophthalmic Hospital Reports* (1889).

In a case I had under my care about three months ago, I made an observation which gives, I think, a new view as to the nature of this disease.

A lady, aged 28, came to see me with a very marked descemetitis of the left eye. The lower third of the cornea was dotted with specks of different sizes. Also there was a similar dot on the anterior surface of the iris, extending beyond the free border, and touching the lens, in this way forming a posterior synechia. This dot, although larger than those of the cornea, was one of the first to be absorbed.

After dilating the pupil there could be observed also some circumscribed opacities in the lens, which I think were of the same nature.

Vision in this eye was , after correcting a myopia of five dioptres. Intra-ocular tension was normal when the patient came, but increased considerably a few days afterwards, was normal again next day, and, in short, varied nearly every day. As after a fortnight the *plus* tension seemed to persist, and the cornea became hazy and the vision diminished, a sclerotomy was performed.

*Read at the Annual Meeting of the British Medical Association, held at Bristol, July, 1894.

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With the aqueous humour one of the dots came out, which I examined under the microscope. I was greatly surprised to find, not a cluster of cells, but a collection of microbes. As soon as possible they were transmitted to agar-agar, where they grew, but very slowly.

Closer examination, after staining with carbol fuchsine, showed that they were very short bacilli.

Almost at the same time a young man came into the hospital with descemetitis of the right eye, from which he had already suffered for more than three months.

As in this case also a paracentesis had to be performed, great care was taken to secure one of the dots; we succeeded in doing this, but not without difficulty, as the dot proved to be very adherent to the cornea. In this instance I found the cells as described in the hand-books, but between them were microbes similar to those seen in the first case.

I did not succeed in cultivating them. I suppose that this dot was an older one than the other, as it was more adherent to the cornea, that it had attached cells, and the microbes were already dying off. The remaining dots seemed to affect the deeper layers of the cornea, causing an infiltration of the cornea, after which they were absorbed, leaving only a small cicatrix. Under internal treatment with salicylate of soda the eye became quiet, and after a month the patient left the hospital, and has not come again since.

In both cases there was, as far as could be seen, no trace of alteration in the choroid; there was a slight pericorneal injection, but no other symptom of iritis, and synechiæ were only formed where a dot had been situated.

Only a fortnight ago the lady referred to in our first case, who had left us, returned, complaining of irritation of the right eye. By focal illumination very small hazy spots were to be seen on the posterior surface of the cornea; they became denser, and soon acquired the ordinary aspect of descemetitis. Here, therefore, I had the opportunity of observing the disease in its very first beginning. I can state that it is not true that the dots are exclusively situated in a triangular arrangement on the lower third of the cornea, and several in the middle third. I am tempted to believe that the dots in the beginning often become loose, fall down, and stick again to the cornea in its lower part.

In this eye the affection ran a very rapid course. The number of opacities increased daily, the the tension became increased, and the cornea hazy as in glaucoma. A sclerotomy was performed, and we succeeded in getting one of the dots. Microscopical examination after staining showed the same microbes as in the other eye.

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The conclusions I come to are, in the first place, that descemetitis is really a disease *sui generis*, therefore I think it quite appropriate to take up again the old name of descemetitis instead of serous iritis or cyclitis. In the second place, that it is due to microbes growing in the anterior chamber, which by their producing toxines cause an irritation of the uveal tract. The dots are at first situated on the cornea; afterwards on the iris and lens, and may be also on the ciliary body. They contain in their early stages only microbes, but later are intermixed with leucocytes.

Whether all cases of descemetitis are due to the same cause, or whether in some cases it is a real deposit after inflammation of the deeper parts, further investigations have to decide.

Anti-Toxin Treatment of Diphtheria.—(Rice Freeman in *British Medical Journal.*)—Three cases, aged twenty-one months, thirty-four years and thirty years, respectively, are reported, and all recovered. In the infant there was both pharyngeal and laryngeal diphtheria. It received two injections of Roux anti-toxin, one of 20 C.C. and a second of 10 C.C.

Two Cases of Preventive Inoculation of Immunized Scarlet Fever Blood Serum.—(Albert S. Ashmead in the New York *Medical Record.*)—One of his sons, aged seven, being stricken with scarlet fever, he inoculated on the second day two other children who had not had this disease, aged five and two years. The blood serum was taken from their older brother, aged nine years, who had had scarlet fever six years before. Two drops, taken from a blister on his breast, were used for each child, and there was one inoculation only for each. There was no real isolation—separate bedrooms during the night, but free intercourse during the day. On the ninetieth day no infection had been observed.

Announcement.—E. B. Treat, New York, has in press for early publication the 1895 International Medical Annual, being the thirteenth yearly issue of this eminently useful work. Since the first issue of this one volume reference work, each year has witnessed marked improvements; and the prospectus of the forthcoming volume gives promise that it will surpass any of its predecessors. It will be the conjoint authorship of thirty-eight distinguished contributors and specialists, from America, England and the Continent. It will contain the progress of Medical Science in all parts of the world, together with a large number of original articles and reviews by authors on subjects with which their scientific reputation is identified. In short, the design of the book is to bring the practitioner into direct communication with those who are advancing the science of medicine, so he may be furnished with all that is worthy of preservation, as reliable aids in his daily work. Illustrations in black and colors will be freely used in elucidating the text. A most useful investment for the medical practitioner. The price remains the same as heretofore, the $2.75.

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A Peculiar Case of Oesophageal Stricture Caused by a Benign Tumor.

By THOS. BROOKS, M. D., Dearborn, Mo.

JANUARY, 1893, Mr. J., aged seventy, farmer, began to be troubled with vomiting at times. Health had always been perfect, except two very severe injuries from which he never entirely recovered: one, that of having a heavy stone fall against his lower limb, leaving him with irregular attacks of rheumatism. He was again, twelve years ago, struck by a locomotive, leaving him with a partial paralysis of one of his lower extremities.

This vomiting came on almost instantly upon any food being taken. This emesis was without any nausea whatever. He would often make three or four attempts at his meal, but often meet with a total failure of having anything remain in his stomach. Bear in mind there was no nausea whatever, simply a regurgitation of the food swallowed, with a large amount of saliva, and phlegm of a tenaceous character, which was always mixed with large air bubbles.

For the first year these attacks did not occur oftener than every eight or ten days, and would continue through a period of only two or three meals, but the attacks became more frequent and severe, lasting much longer. It was not till August, 1894, that he sought medical advice.

During all this time there seemed to be nothing accomplished by dieting, as some of the most indigestible food gave him less trouble than any other. When any food remained in the stomach he suffered none, and enjoyed his meal as well as at any time during his life. Very often when he would attempt to swallow water, or milk, it would be regurgitated instantly, the same as eructations of gas.

During the entire period of his sickness the vomiting continued periodically, lasting any length of time from one day to two weeks. When first called I found the patient very much emaciated, being able to sit up for only a short time. The stomach and bowels were quite empty and hence no trouble to outline the abdominal aorta by inspection. By palpation and percussion nothing was clearly made out. No tumor of any form or size could be found. No feces in the colon; no gas in the intestines; and no pain to be found about him. By relaxation of the abdominal muscles, I examined the gastric and duodenal region thoroughly, and quite severely, but could find not the slightest tenderness.

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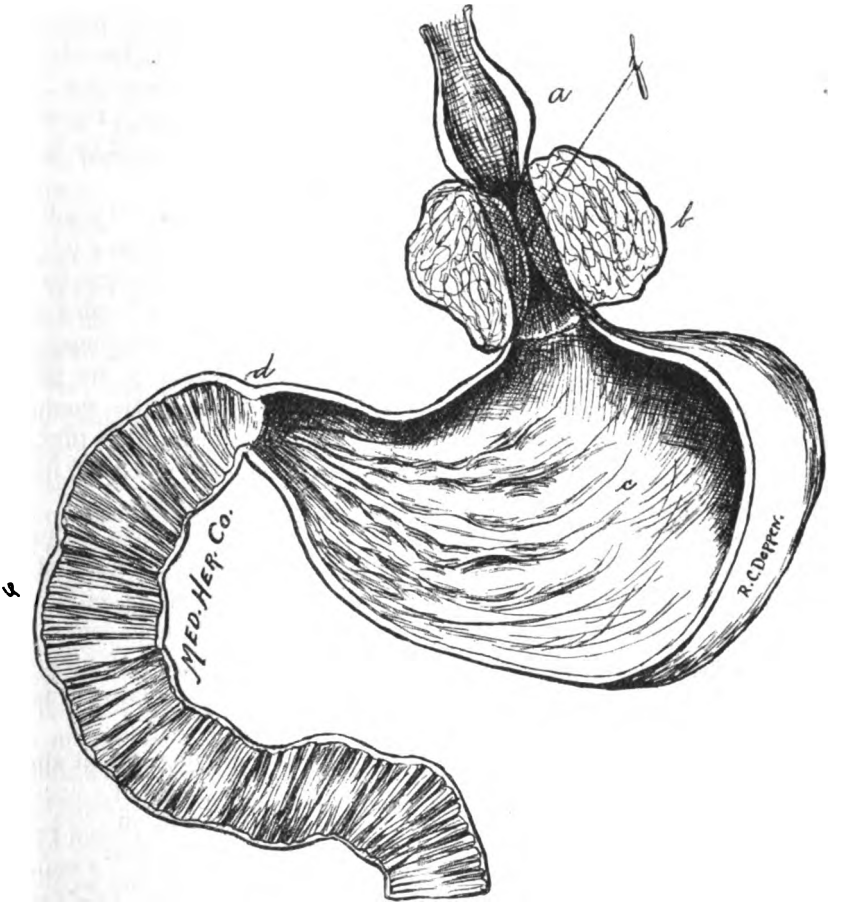

Dr. Thos. Brooks' Case of Oesophageal Stricture.

a. Dilitation of Oesophagus.
b. Cartilaginous tumor.
c. Stomach very much atrophied.
d. Pylorus.
e. Duodenum.
f. Point of stricture.

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He said he never felt better in his life, and his appetite was ravenous; remarked that he was hungry all the time, as it did not make him the least particle sick to vomit, neither did he suffer any pain.

History was clear of syphilis; no hereditary tendency toward any constitutional disease; pulse 70 strong, bounding and regular; bowels constipated, going eight or ten days without an evacuation; vision clear, pupils normal; temperature always normal; respiration full and easy, the murmur being very distinct over the entire lungs; tongue clean; no bad taste in his mouth.

He was first examined, August, 1894, by four physicians. Two diagnosing gastric cancer, one gastric ulcer, one gastric catarrh, changing to cancer. I was called November, 1894, and having their diagnoses in view from the first, I was quite guarded in my opinion. There had been no "coffee-ground vomit," no hematemesis, no tarry stool (to indicate haemorrhage of cancerous origin); no diarrhœa (to confirm diagnosis of cancer); no pain; no cachetic appearance; vomiting only when food was taken. He would often go for two days without even a drink of water, during which time there would be no vomiting. No difficulty or pain on deglutition of solid food; no pain referred to the region of the spine or scapulæ.

The diagnosis was difficult: whether a stricture of the œsophagus, gastro-duodenitis, or a combination of the two, there being evidence of each, yet there was no evidence to make up a clear diagnosis of either, but I denied the existence of gastric cancer, or ulcer. That did not seem rational, as I could not see one single symptom as proof of the malady. I could plainly see that the patient was starving, but the most important matter was what to do for him.

The physicians prior to me had him on the following treatment and diet:

℞ Bismuthii subnitras .....grm. vi
Rhei powder .....grm. iii

Misce et fiat capsulæ No. x. Sig:—One capsule t.i.d. also:

Pill aloin, strych., belladon., et cascara, sagrada..No. xx

Sig:—One pill night and morning.

Diet to consist of aqua calcis and milk in limited quantities. I could not agree with this treatment, especially the rheium, and certainly not such enormous doses of bismuth. I put him at once on the following course:

℞ Bismuthii subnitrate .....grm. 0.2
Creosote (beechwood) .....m. i

Sig:—One tablet to be taken just before eating.

In connection I ordered him to use an unlimited amount of milk, eggs, and broth. I gave this as a test trial for gastro-duodenitis

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Saw him at my office in a few days, doing nicely, eating regular meals, without any restriction of diet, or limit, for he was a very hearty eater.

I was astonished at such rapid improvement and began to think I was on the proper course of treatment. This continued about ten weeks when the vomiting again became prominent; no pain, and only a repetition of the disease. The symptoms were much more aggravated.

I was then the more suprised and astonished, as he had been eating anything common for people in health, without the slightest discomfort. At this time when anything was swallowed it was instantly rejected. This condition continued for about twenty days when our patient died from starvation. I saw him four times during the last two weeks; symptoms remained the same, no variation whatever.

When (from weakness) he could speak only in a whisper, he said to me: "Why must I die? I never felt easier in my life; not a trace of pain anywhere in my body."

He requested me to hold an autopsy after death, which I was exceedingly glad to have the opportunity of doing. At the autopsy I found the stomach entirely empty and very much contracted from atony. The pylorus, duodenum, liver, pancreas, spleen, and bowels were in a perfectly normal and healthy condition. When removing the stomach I found adhesions at the opening in the diaphragm to be very strong. I carefully dissected out the œsophagus at the cardiac opening, and found, to my surprise, a cartilaginous tumor of a benign variety, about 2½ inches in diameter, and extending about 3 inches above the stomach and causing quite a complete stricture at this point. The inability of food to pass through this point caused quite a dilatation of the œsophagus, as shown in cut. There was no tendency toward degeneration, but I am of the opinion that ossification was taking place, and should not this stricture have formed we would have had the formation of bone in a short time.

I have not as yet prepared a specimen for microscopical examination, though I certainly shall in the near future.

Now had I been able to convince the other brethren that there existed no cancer we would have certainly inserted a gastric canula, and had our patient enjoying health today. I was anxious to wash out the stomach and make the proper test of its contents, but to this they did not agree. Had we tried to insert a tube we would have made a proper diagnosis clearly. Can any one give an explanation of the periodical vomiting, and the existence of such a growth without pain? Would be glad to correspond with any of the readers of the HERALD, either through its columns or privately.

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The Newer Therapeutics; Dosimetric and Specific Medicines.

By W. G. BUCKLEY, M. D., Philadelphia, Pa.

ASTHMA.—Recent and paroxysmal and not complicated, requires aconite (amorphous), lobelia, hydrocyanic acid medicinalis. Give one granule of the first two remedies named and one drop of the acid every two hours or oftener till better. Where the spasms affect the whole body more or less, with vomiting, give a granule of the arseniate of copper and one of the sulphate of strychnine every hour or two hours till relief is had. When the pulse is full and some bronchitis of an acute form exists, give always the aconite. But if the bronchitis be of a chronic nature, the lobelia, grindelia, antimon. arseniate with strychnine should be given.

In the nervous variety, with convulsive breathing, nausea and vomiting and much stringy mucous, cold sweat on the face, the veratrine with strychnine and hyoscyamine should be employed, one granule of each together, alternately with one of conitine and potassium bichromate.

In the cardiac form, digitaline, strychnine, and (aconine when the pulse is strong) cactenine if the pulse be only moderately strong, if very weak glonoin should be employed with strychnine. Give a granule of each of the selected ones every hour or two till relieved.

In the hysterical variety, give the granules of the valerianate zinc, assafetida, and hyoscyamine, one of each together every hour to three hours, also cannabine and macrotin in alternation with the three, the former when exaltation of spirits, loquacity and incoherent talk predominate, the latter when she thinks she will not recover.

The *paludal* variety is controlled by hydroferrocyanate of quinine, arseniate of quinine and strychnia sulph. Iodide of cinchonidia may be with advantage given in conjunction with the above, one of each together from two to four hours apart. Syphilitic infection and the scrofulous nature call for the latter. The gouty and rheumatic diathesis require arsenate of strychnine, colchicine and sulphur; in constipation the sulphur composition.

In all cases, to prevent a return of attacks, the usual dose of the seidlitz salt should be administered every morning fasting. The regimen should be that generally recommended for persons of weak digestion. The patient should eat sparingly. A milk and vegetable diet is probably the best for all. The Abbott Alkaloidal Company, of Ravenswood, Chicago, make a pepsin compound, *vegetable*, which is useful when, by accident, fermentation should take place from unwittingly taking an improper food. This company also make the granules I employ; they are economical, handy and thoroughly reliable; easy to take and readily dissolved in the juices of the stomach.—*Tri-State Medical Journal.*

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DEPARTMENTS

LARYNGOLOGY AND OTOLOGY.

IN CHARGE OF WILBUR W. BULETTE, M. D., PUEBLO, COL.

Laryngologist and Otologist to Pueblo Hospital; to Pueblo Children's Home; Member American Medical Association; Colorodo State Medical Society; Pueblo County Medical Society; Honorary Member Philadelphia County and Northern Medical Societies, Philadelphia, etc.

Intra-Nasal Growths as Factors in Aural and Laryngeal Catarrh.—Snow (*Medical Record*, Aug. 18, 1894,) says that he has found no case of post-nasal, middle ear, or laryngeal catarrh, which was not accompanied by marked evidence, past or present, of pressure or contact of some of the surfaces in this region. Many of these cases have shown a perfectly normal condition of nose in lower third, both inferior turbinates apparently healthy, and patients claimed that they had no trouble in breathing, each nostril being perfectly free; their complaint, as they say, "is further back or down," sometimes in the ear, sometimes in the larnyx, and oftener their only symptom is of "something dropping into the throat." A close examination of the upper portions of the nose will show, almost invariably, some point or points of contact between the middle turbinated and the septum, or the outer wall of the nose, which, though slight in many instances, is, in the author's opinion, the cause of a great, and perhaps the whole part of the trouble, particularly if the contact be persistent. (*Annals of Ophthalmology and Otology*, Oct., 1894.)

Ear Faints and Epilepsy.—Hobby (*Annals of Ophthalmology aud Otology*, Oct., 1894) calls attention to the frequency with which persons affected with ear trouble faint, and manifest such peculiarities, which often distinguish the loss of consciousness in these cases from ordinary syncope, as to suggest a relationship to the minor forms of epilepsy. He thinks there must be some physiological reason why syncope should occur so often in ear cases. In ordinary syncope there is usually more or less anticipation, as pallor, sighing, etc., but in the peculiar form mentioned the patient without warning slides down in the chair, the eyes roll up, unconsciousness supervenes without pallor, a slight stiffening of the body follows, sometimes preceded by one or two slight contractions of the extremities; sometimes there is grating of the teeth, then a gentle sigh, a look of surprise, and attack is over. Absence of pallor, of dilated pupils, of nausea before and after; presence of contractions, rigidity and the rapid recovery, mark distinction between such an occurrence and ordinary syncope. These phenomena are often observed when the ear is syringed, wiped with cotton, etc., and with little reference to amount of pain suffered.

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Diseases of the Ear as a Complication in Epidemic Influenza.—Turnbull (*Medical and Surgical Reporter*, July 28, 1894, concludes the result of his observations in ear diseases following influenza, thus: 1. There is a peculiar inflammation of the ear termed influenzal otitis. 2. It almost always commences with hemorrhage, dark-blue or black bullæ are seen in the lower posterior segment of the drum-head. 3. After a time a perforation of the membrana tympani takes place, with a discharge of bloody muco-serous fluid. 4. The pain, which is severe before perforation, is not entirely relieved by it, and continues assuming more of a neuralgic character. There are subjective noises (tinnitus aurium) such as pounding, hammering and roaring, and if not properly treated by inflation, remain after all the inflammation has ceased. 5. Fatal results may follow from meningitis, abscess of the brain, and more frequently sinus phlebitis. Such cases we are called on to diagnose, being sent to our clinic as abscess of the brain.

Incipient Inflammation of the Ear in Early Life.—Smith (*N. Y. Medical Journal*, July 21, 1894,) directs the practitioner's attention to the management of primary aural diseases, as the majority of ear diseases (except traumatism) have their incipiency in infancy and early life. The following pertinent suggestions are offered: 1. It is well to always examine the external auditory canal of the new born, and if it be free from accumulated material, the membrana tympani is found congested, the tympanic cavity should be inflated by Politzer's method. Should this fail to relieve the symptoms, the drum-head may be carefully punctured and inflation again practiced, when immediate relief will follow. 2. It is the imperative duty of every physician to be able to promptly recognize an acute suppurative inflammation of the tympanic cavity. 3. Deaf-mutism is not of itself a distinct disease, but must be accepted as a symptom, or better still, as a sequel of an existing disease. 4. Out of 51 deaf mutes who consulted the author in the past few months, 37 acquired their affliction, while the remaining 14 were congenital. Of acquired ones, 21 resulted from scarlet fever, 9 from diphtheria, 5 from measles, and 4 from traumatism; 9 were between the ages of one and two years, 16 between two and three, and 12 between three and five. He thinks it safe to assert that most of these acquired cases would have been prevented if the pus in the tympanum had been promptly evacuated at the proper time, followed by mild antiseptic irrigation of the external auditory canal, inflation of the tympanic cavity, blood-letting and the proper care of the throat.

Insane in Peril.—The Southern Illinois Insane Hospital, at Anna, took fire at midnight January 4th, and it was not until 3 o'clock in the morning that the flames were under control. The center section and the south wing, comprising over half of the entire building, were destroyed. The north wing, machinery, laundry and kitchen departments were saved. The south wing contained the quarters of the female patients, the male patients being quartered in the north wing. All the patients to the number of 500 were, it is thought, safely removed to the other building.

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PEDIATRICS.

IN CHARGE OF HUBERT WORK, M. D., PUEBLO, COL.

President of the Colorado State Medical Society; Ex-Member Colorado State Board of Medical Examiners
Physician in Chief to the Pueblo Children's Home, and to the Children's
Department Pueblo Hospital.

Boiled Water for School Children.—(*Memphis Medical Monthly.*)—The prefects in the several French departments have issued orders to the various schools, requiring that all drinking water supplied to the pupils shall be boiled, and that the cleansing of the floors, desks, etc., of the school rooms be no longer done with dry dusters and brooms, but with moist cloths, to prevent spread of dust. Once a week a thorough cleaning is to be carried out with an antiseptic.

The Displacement of the Membrane During Intubation, etc.—Boaki (Budapest).—(*Archives Kinderheilkunde*, B. xvii., H. v. vi.)—The author concludes as follows: A displacement or pushing down of the membrane during intubation occurs but seldom, and almost never produces fatal results. Rapid removal of the tube will usually be followed by expectoration of the membrane. When this does not take place artificial respiration and tracheotomy are to be performed. The plugging of the tube is also a rare occurrence, and when it happens, the tube with the membrane is usually removed by a violent coughing paroxysm. The results, in general, were most satisfactory. The dangers are but trivial.

Objective Diagnosis in Children.—It has been tacitly agreed that children cannot locate pain. Wholly true of the very young, but their ability to do so after the second semester of infancy is, I believe, not generally appreciated. A child incapable of words will rub the teething gums, or point to the ear in otitis, and to the anus if seat worms be present. The boring into the nose in the latter trouble would seem less causeless if the facility with which those parasites may be carried from the one location to the other were better remembered. Pulling at the genitals would seem to argue against this theory, since it is caused by the nervous unrest incident to teething, and to a lesser degree by cerebral irritations. But the possibility of reflex sensations from these causes is not more improbable than the dilating of the pupils which can be produced by tickling the soles of the feet. Inflammatory conditions of these parts are more often due to self-inflicted injury suggested by reflex stimuli from the irritation of some more or less distant organ, and to harsh attempts at cleanliness, than to the pathologic actions of the natural secretions. Reference to teething as a feature in diagnosis is perhaps pardonable, since there are yet in practice physicians who encourage the belief that this purely physiological process occurring to the young of the other mammalla, without being a source of local irritation even, and to a large per cent of children without any disturbance, is capable of causing in other children diseases of fatal gravity. Independent, how-

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ever, of individual belief, the fact remains that very meager success awaits the pediatricor who is not willing to expunge from his mental list of morbid etiologies, that of dentition. Mouth breathing should direct attention to the posterior nares, and suggest the presence of adenoid growths at that point, and should prevent us diagnosing as trivial, conditions which if not relieved are capable of producing permanent physical deformity of the chest. The direct result of obstruction to the entrance of air into the lungs, is of course their deficient development; a consequence of which is the contracted thorax. But a more remote result due to the faulty oxygenation of the blood from this cause, is the mental hebetude and retarded brain development. Less easy to explain is the alleviation of nocturnal enuresis by the removal of post nasal obstructions. None the less a truth because an empirical one. The unilateral purulent nasal discharge should at first glance suggest the presence of a foreign body. If the physician is fortunate enough to witness the vomiting of a child, its peculiarities will be full of meaning to him, but if compelled to depend upon description he will rarely learn more than the knowledge of its occurrence. From the spontaneous and provisional regurgitation of the surfeited nursling, to the continuous and apparently causeless emesis of meningitis, it is a symptom of functional, organic and reflex diseases of every degree of gravity. If occurring only after the child has nursed and been laid upon the left side, it is probably due to the pressure of the liver on the distended stomach. Infants sometimes refuse to suckle for the same reason. That occurring suddenly and repeatedly without nausea, expelled with force and induced by suddenly raising the patient to a sitting posture is a messenger of menigitis. It does not yield to treatment, because the result of irritation of the pneumogastric nerve center, and from this fact is derived the rule, that little, often no, vomiting occurs if the meningeal inflammation be localized in the convexity, and also explains the equality of the pupils in many cases. Vomiting is a frequent and early prodrome of the acute fevers, including pneumonia, and very commonly is the first symptom of peritonitis. If uninfluenced by the administration of opium the fluid ejected will be spinach-green in color, at one time thought to be diagnostic. The scores of diseases in which vomiting occurs either as a prodrone or as a symptom of the developed disease, precludes their enumeration even, and certainly any attempted description of the vomica. But if it be remembered that the four primary causes of vomiting are: Irritation of the preripheral extremities of the nerves supplying the parts immediately accessory to the act itself; the terminal reference by those nerves, or to centric irritation; to mechanical obstruction of the stomach or intestines, and to sympathy, the foundation for diagnostic appreciation of this symptom is well laid. The time of its occurrence with the relation to the taking of food and the influence of position in provoking it, are each of importance. The nice distinction possible to the observant and the experienced eye, each must learn for himself, and because we can neither have them didactically taught nor read them, too many of us ignore them. And since instruments of precision have come to be so implicitly relied upon, and each organ of the body now has its specialist, the ability to observe, weigh and group symptoms, from necessity the sole reliance of our medical forefathers, has become a lost art to many of us young in medicine.

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THE MEDICAL HERALD

A PRACTICAL MONTHLY JOURNAL OF THE MEDICAL SCIENCES.

HIRAM CHRISTOPHER, M. D., Editor.

ASSOCIATE EDITORS: JACOB GEIGER, M. D., SURGERY; J. W. HEDDENS, M.D., PATHOLOGY

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MEDICAL EXAMINING BOARDS.

An examining board, invested with the authority and duty of determining the fitness of graduates in medicine is regarded by some—possibly, by a majority of practitioners—as *the* prophylactic against the evil of incompetency on the part of graduates, which is to preserve the public from the evils incident to this cause or source. If the members of such boards were themselves as competent in every necessary particular as are some of the unfallen angels, such as Gabriel, we might safely leave the determination of this overtopping question to boards composed of them. Like bank directors, the members of examining boards partake too much of the frailties of human nature to be entrusted with autocratic power. The gospel of Jesus, the Anointed, is the only panacea of which the world knows anything; and if the members of examining boards were Pauls in incorruptible honesty, and thoroughly imbued with his spirit, and were themselves competent in all the branches of medicine, as are men regarded as representatives in the branches, then we might hope for much good to come of such autocratic power.

Human nature is capable of many objectionable deeds, and susceptible of many evil influences, and it keeps one on the alert all the time lest he may "fall into divers temptations." A thorn lurks near every rose, possibly to suggest to us that while we are plucking the good, evil is nigh us.

The imperfection that attends medical education and the consequent fitting of persons for the practice of medicine, has led to an attempt to avoid some of its consequences by subjecting graduates to a second examination conducted by persons assumed to be disinterested; fully as competent as the instructors conferring the degree, but not subject to like temptation. This is a necessary assumption and lies at the foundation of the measure, and is really its inspiration; and this in the face of the fact that the examiners are general practitioners, while the instructors are, in the college work,

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specialists, giving their undivided attention and labor to the branch of medicine they have in charge. Now, if competency is expected in either, the first vote should be cast in favor of the teacher. And as for disinterestedness, that depends on the man, as does the honesty required in rendering a judgment.

Examining boards are invested with the function and power to determine the fitness of all applicants for registration, who hold a diploma from a school regarded as "in good standing." The diploma simply admits to examination. It possesses no other merit. This procedure virtually negatives the diploma of all medical institutions, even though the applicant should show by his examination that he was more competent than any one or all of his examiners, to practice any branch and all branches of medicine. But the measure may be only intended to do no more than to gather in the good and throw away the bad, as do fishermen when they cast a net.

We make no pretension to legal learning, but we are, nevertheless, strongly of the opinion that a medical examining board, invested with the powers claimed for them, is unconstitutional, and for these two reasons, viz: 1. Such an enactment by the legislature is of the nature of an *ex post facto law*. This is expressly forbidden. 2. Such an enactment belongs to that category that "impairs the validity of contracts." Such an enactment is also expressly forbidden, and when an act of a legislature has this effect on fundamental law it is void of all force or application.

By a charter, the State grants to the charter members certain rights, privileges and powers, and this grant is of the nature of a contract. If the grantees violate the provisions of the grant, it becomes null and void, and can be canceled by the State. It is not presumable that a State will arbitrarily violate such grants intentionally, for it has no motive for such action. Hence charters generally run their course unmolested by the chartering power. If the grantees do not violate any terms or conditions of the contract, the State should not seek to invade any right or privilege granted by the charter, and we believe will not when advised of the effect of a proposed measure which does invade vested rights.

Now, as medical colleges are invested with certain rights and privileges described in the charter which they hold from the State, among which is the power to grant diplomas, investing the holder with the right and privilege to practice medicine; and of judging of the qualifications on which diplomas are issued and sealed in attestation of the invested authority, the State can not recall that right, except for a cause which would justify the withdrawal of the charter, nor render the authority to confer degrees nugatory by subjecting a college's work to the judgment and approval of an independent and separate board of examiners, having the privilege and power of disre-

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garding its work and making themselves the sole judges of fitness for the work designated by a diploma.

We hear of no like examining boards supervising the work of literary and scientific colleges except such as the charters for which so provide. If there is to be any supervising board, the sole judges of the requisite qualifications, and invested with the sole power of conferring rights and privileges, the charters should so provide. We imagine that there are few such institutions. It was reserved for the medical profession to conceive of such procedure and to urge on legislatures its adoption.

We are not oblivious to the reasons which the advocates of examining boards urge in favor of the measure. But they are not convincing. It is never right to "do evil that good may come." Medical schools may not be all that they should be. This may be admitted. Improvement might be made in the best, and the worst, if known to be such, ought to be abolished by the State on justifiable grounds. Or if they violate the provisions, whether they be the best or worst, they should be properly dealt with, as is done with other chartered institutions. No subterfuge that permits the evil to continue should be resorted to. If college instructors are incompetent in any important particular they should not be permitted to continue as instructors. Ignoring their work will not cure the evil they do. An examining board might protect the public, but it would not take cognizance of a primary matter—the protection of the student who should attend the school. When an examining board refuses to recognize his diploma, his time and money have gone beyond recovery. Why not aim at the root of the evil complained of, and implied in the establishment of a supervising board with power to practically annul what the State made possible? The State Board of Health of this State has been invested with all necessary power over medical schools. There is no more objection to this power and duty of the board of health than there is against an inspection of banks; and the provision is much more rational, practical and unobjectionable. It is a court from whose decision an appeal can be taken; but the action of an examining board is autocratic and final. There is no body provided to which an appeal from its decisions can be made. It is a supreme court unlike any in existence.

But still further. It is deeply to be regretted that all state measures which propose the correction or abatement or complete removal of recognized evils are well nigh wholly nullified for any substantial good by being connected with politics. The members of a medical board of examiners, whose selection and appointment are made by the governor of the state, who acts in the interests of the party in power, are not chosen for profes-

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sional fitness alone, if at all, but in the interests of a political party. He is careful to select physicians for their political worth, and not for professional ability, character, and impartiality, who regard duty to all concerned as of prime and supreme importance. The virus of politics infects the appointing power, and no one can aspire to an appointment unless he is thought to be affected in like manner. Therefore, since this virus spreads itself in all directions and vitiates the work to be done, the state had better keep its contract with medical schools, as it does with all other kinds, and not violate it by indirect methods.

Besides, it is by no means a foregone conclusion that examining boards will or can do what is expected of them. They might do more, because they are not infallible, nor wholly independent of outside and inside influences. Could a board composed of acknowledged men of professional ability and general learning, as well as persons capable of impartial judgments, and independent thinkers and actors, be appointed and paid by the state to sit as a tribunal similar to a supreme court, and render judgment on the work of medical schools, we might reasonably expect of them a good and impartial action, as we have of a supreme court in legal matters. This may be done toward the close of the next century, but possibly, not earlier. Even then it would be an invidious distinction made against the medical profession; one wounding to its self-respect, and unjust to claims which are justly its due.

ST. JOSEPH ACADEMY OF MEDICINE.

The cities of the United States which are of sufficient size to require the services of a large number of physicians and surgeons have, during the past decade, become the homes of academies of medicine. The object of all these societies is the study of medicine, and as a help thereto the formation of a medical library and a medical museum. St. Joseph now has such an organization, and every indication points to its permanency. The meetings are well attended and the papers are indicative of study and research, backed with personal knowledge of the subject under consideration. The discussions are reported in short-hand and preserved. Arrangements have been completed by which one hundred medical journals will soon be on file in the library of the academy. It is the intention of the academy to extend the courtesy of this library to all medical men and to all medical students. Government reports can be found, also, which bear upon medical subjects coming under the various departments of the Army and Navy and the Smithsonian Institution and Agricultural Department.

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One feature of the Constitution is singular in that no election of officers is provided for, each member serving as president, in rotation, and all other officers receiving appointment from him. For 1895 the officers are: Dr. C. H. Wallace, President; Dr. J. M. Richmond, Vice-President; Dr. Daniel Morton, Secretary; Dr. P. I. Leonard, Censor; Dr. W. B. Davis, Treasurer. Stenographic reports of all the meeting will hereafter appear in this journal.

PROF. ALFRED L. LOOMIS, M. D., LL. D.

There died of lobar pneumonia, in New York City, on the 23d day of January, a physician of whom it may truthfully be said, the medical profession will be lonely without him. The announcement will be most keenly felt by those who were students under him; to such it will seem an irreparable loss.

Prof. Loomis was born in Bennington, Vt., June 10th, 1831; graduated in Arts from Union College and in Medicine from the College of Physicians and Surgeons, New York, in 1854. As a teacher he stood without any superior. His large clinic at Bellevue Hospital and at the University was always crowded by thoughtful, earnest students.

Prof. Loomis' teaching had three striking characteristics, the first of these being clearness of expression: you were convinced that he meant but one thing when he spoke. Second, his teaching was conservative. He stated only what he knew, and it was a common occurrence to see students undertake to make a diagnosis, while the master clinician said: "We will wait and see." In the third place, his powers as a differential diagnostician seemed well-nigh perfect.

Among graduates and students Dr. Loomis was always very popular. The boys knew that in him they had a sympathizer, a counsellor and friend.

He possessed untiring perseverance and an indomitable will. He first convinced himself of the justness of his views, and then heaven and earth could not move him from his position.

One qualification possessed by Dr. Loomis in a marked degree and painfully lacking in physicians, as a rule, was his ability to conduct the financial part of his profession to a successful issue, as he died wealthy.

The Loomis Laboratory, unequalled in America, and his excellent works in medical practice, will number him among the immortal. W. J. B.

Medical Society of the Missouri Valley. — SECRETARY'S OFFICE, COUNCIL BLUFFS, IOWA, Feb. 9th, 1894.—The Medical Society of the Missouri Valley meets at Sioux City, Iowa, March 21st, 1895, at 9:30 A.M. An interesting program is promised. F. S. THOMAS, Secretary.

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What the Editors are Saying:

MR. ERNEST HART IN INDIA.

Medical News.

That indefatigable traveller and preacher of hygiene and morality, Mr. Ernest Hart, has carried the war into India, and has been seeking to hammer into Mohammedan ears and understandings the great lessons of sanitation and preventive medicine upon which not only the health of the Orient but that of the Occident depends. Under the auspices of the Mohammedan Literary Society of Calcutta and before a large gathering of European and Mohammedan gentlemen, Mr. Hart ingeniously and powerfully pleaded for the extinction of Meccan cholera by the means well known to all civilization, but which are so profoundly needed in the East. For this tirelessness in a noble work the whole world is deeply indebted to Mr. Hart, and we hope his eloquence may not be wasted upon our Mohammedan brethren.

ANTITOXINES.

Yale Medical Journal.

This is essentially the age of the antitoxines. The idea is not a new one. It had its origin with Jenner's discovery in 1798, but it has taken almost a hundred years for this idea, in the magnitude of its possibilities, to enter the minds of practical investigators; and only recently have they begun to elaborate it and apply the result for the cure of disease. We have thus far, the tuberculin af Koch, the antitoxine emulsion of Pasteur, and the diphtheria antitoxine of Roux. Their production was the result of a great number of experiments, which have conclusively shown that pathogenic bacteria in the system not only disturb it locally by their growth, but, by the production of certain poisons, called toxalbumens, cause general symptoms, which are usually much more severe than the local symptoms caused by the bacteria themselves. These experiments have also shown that in the blood serum, during a germ disease, there is found a chemical compound, an antitoxine, which when injected in sufficient quantities into the healthy man renders him immune; and injected in larger quantities, is capable of curing a man sick with the disease. In these antitoxines we have sufficient evidence that we possess agents of undoubted value in the treatment of the diseases for which they were intended; and we have no reason to doubt that similar principles applied to the treatment of all the infectious diseases will give us efficient antitoxines in each instance. If a diphtheria antitoxine can be produced, showing such good results, why cannot antitoxines of typhoid fever, erysipelas, cholera, malaria, pneumonia, etc., be produced in like manner. This subject is still in its infancy, but has already given results which place it on a firm therapeutic basis, and is really one of the most, if not the most, remarkable advance that therapeutics has ever made, and it certainly has before it a most brilliant future.

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AUTHORS' COPY.

Medical News.

* * * * * * There is the illegible hand-written manuscript, and there is the type-written manuscript, with the medical and orthographic ignorance of the type-writer glaring in every other word. The long-suffering editor hardly knows which is the worse. Type-writers, of course, cannot be supposed to acquire as a part of their stenographic education, a knowledge of medical nomenclature and science; neither has the machine been invented that will mechanically spell our remarkable medical terms with infallible correctness. If the type-writer is used, the physician should revise her, his, or its work with his medical understanding; and if the manuscript be really manu-script, chirography and punctuation should be deemed matters worth careful consideration.

Writers should use good paper, say 8x10 inches in size; there should be a full inch of blank space at the left-hand side of the page, and the lines should not be too closely written. Very few writers "paragraph" correctly, and editors, therefore, much prefer that this be left as a part of the editorial work. Write "solid," putting all foot-notes immediately in the next line below that containing the asterisk, and proceeding with the text when the foot-note is completed. Draw a vertical line opposite the foot-note in the blank space at the left. If one has a drop of the milk of human kindness in his veins, he will not write on both sides of a sheet of paper, and he will not roll his manuscript. Mail, if possible, without folding; but if necessary to do so, fold it once, or not more than twice. Having had a single experience, both editors and publishers are thereafter afraid of a man who rewrites his article on the galley-slips.

PRESIDENT CLEVELAND'S MESSAGE.

Western Reserve Medical Journal.

The following extract from the President's message is of interest to our profession:

"I am entirely convinced that we ought not to be longer without a national board of health or national health officer charged with no other duties than such as pertain to the protection of our country from the invasion of pestilence and disease. This would involve the establishment, by such board or officer, of proper quarantine precautions, or the necessary aid and counsel to local authorities on the subject, prompt advice and assistance to local boards of health or health officers in the suppression of contagious diseases, and in cases where there are no such local boards of officers, the immediate direction by the national board or officer of measures of suppression, contant and authentic information concerning the health of foreign countries and all parts of our own country as related to contagious diseases; and consideration of regulations to be enforced in foreign ports to prevent the introduction of contagion into our cities, and the measures which should be adopted to secure their enforcement. There seems to be

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at this time a decided inclination to discuss measures of protection against contagious diseases in international conference, with a view of adopting means of mutual assistance. The creation of such a national health establishment would greatly aid our standing in such conferences, and improve our opportunities to avail ourselves of their benefits. I earnestly recommend the inauguration of a national board of health or similar national instrumentality, believing the same to be a needed precaution against contagious disease and in the interest of the safety and health of our people."

Noting that the President recommends a board of health, or a bureau, it may well be borne in mind that the Department of Agriculture (for instance) began as a Bureau. It is, therefore, the part of wisdom to ask for half a loaf for the present, in the hope of ultimately securing the whole loaf—a Department of Health. A contest for a Cabinet officer to begin with heavily discounts our chance of victory.

THE PRACTICE OF MEDICINE BY OPTICIANS.

Medical Fortnightly.

In 1855 Dr. Williams, after spending several years in the hospitals of Germany, France and England, studying ophthalmology under the masters of that day, returned to his American home and began the exclusive practice of ophthalmology and otology in Cincinnati, O. He did not come unheralded. It had been his good fortune to instruct the surgeons of London in the use of the ophthalmoscope—that wonderfully perfect instrument which Hemholz had just given to the profession. At the time of his arrival Dr. Williams was the only oculist in the United States. For several years practice came to him but slowly. His professional brethren looked askance at his attempt to limit his practice to eye and ear diseases. They were not ready for specialization and specialists. How the idea of specialization in medical work has grown in four decades, every one knows; and we are all ready to concede the benefits of specialization if kept within reasonable bounds. Whence came the optician? Like the mule he is a hybrid—a cross between a quack doctor and a meddlesome jeweler. However, there are a few opticians who grind lenses and do not prescribe them. Like the shoemaker, the optician should "stick to his last." The great majority of lens-grinders, however, presume to practice medicine, and it is concerning the practice of medicine by opticians that we wish to speak. Your average optician prescribes lenses for presbyopia, myopia, and hypermetropia, and halts only at astigmatism. Some have been known to go farther and, after using atropine, have prescribed cylindrical glasses. To say that the giving of glasses to hyperopic or myopic subjects is not practicing medicine, is absurd. It might as well be said that the dental surgeon who pulls teeth, opens antral abscesses and manufactures artificial teeth does not practice a branch of medical art. The dentist cannot legally ply his vocation without complying with the law which designed to protect the public from incompetent dentists. So it should be with opticians. If the optician presumes to prescribe lenses instead of grinding them to the order of an oculist, it is time that legislation

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should step in and protect the public from the optician. The day will soon come when ophthalmology will be subdivided: one man will do ophthalmic surgery; another will treat ocular diseases; and the third will correct errors of refraction. When physicians and laymen recognize the fact that every pair of lenses has a definite therapeutic effect, which may be beneficial or baneful, the meddlesome optician will cease to practice medicine.

CASTRATION IN HYPERTROPHY OF THE PROSTATE GLAND.

University Medical Magazine.

When Dr. J. William White first suggested to the profession the operation of castration for the relief of hypertrophy of the prostate gland (Address at the Annual Meeting of the American Surgical Association, June 1, 1893, *Annals of Surgery*, August, 1893) on theoretical grounds, although strongly supported by experimental evidence, it is doubtful whether any one appreciated the full value of the recommendation. Cases of prostatic hypertrophy are of extreme frequency. Sir Henry Thompson found that one man of every three, over 54 years of age, examined after death showed some enlargement of the prostate; one in every seven had some degree of obstruction present; while one in fifteen had sufficient enlargement to demand some form of treatment. In this country today, as shown by the last census, there are more than three millions of men over fifty-four; of these, according to Thompson's estimate, which genito-urinary specialists consider a conservative one, about two hundred thousand are sufferers from hypertrophy of this gland. This number seems very large, but the assertions of Thompson unquestionably express a general rule, and in fact every surgeon must have seen men in whom some prostatic overgrowth existed *before* the fifty-fourth year. The lives of such patients are threatened because, if the obstruction is not removed, the health is rapidly undermined by the retention of urine and the consequent fermentative changes, the deleterious influence of backward pressure on the kidneys, the frequent use of the catheter, and the loss of sleep incident to the incessant demands to void urine. Heretofore the surgeon has been unable to afford distinct relief from the distressing symptoms of an advanced case of this affection. If the patient's general condition would warrant the very considerable risk, some form of prostatectomy was performed. The supra-pubic method was recommended for a time, but the difficulties encountered in its performance, the frequency of supra-pubic fistula as a sequel, and the high mortality following the operation have led to its almost total abandonment. Perineal prostatectomy is also attended with considerable risk, on account of the free hemorrhage, which cannot be controlled during the operation, and the prolonged anesthesia which is necessary. In addition to this, the operation is a bungling one, in which the enlarged gland is removed by cutting, scraping, or gouging, while the instrument is out of sight, and much of the time it cannot be guided even by the finger. Combined supra-pubic and perineal prostatectomy enables the operator to reach and enucleate the gland with greater freedom, but it is an operation of such gravity that it

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would be contra-indicated in the very cases in which the demand for relief was most urgent.

Perineal prostatectomy is little more than a palliative measure, which does some good, temporarily, by draining the bladder and inducing slight contraction of the middle lobe of the prostate in the healing process. All of these operations confine the patient to bed for several weeks, which is, in itself, objectionable, and in addition require the use of the bougie for a long time afterwards.

In view of these facts it is not strange that surgeons should have presented Dr. White's suggestion to patients suffering from the consequences of prostatic hypertrophy, nor is it unnatural that such patients accepted this chance of relief from a condition that in many cases, was rapidly and surely impairing the health of a person otherwise vigorous and, apparently, without this trouble destined to enjoy many additional years of life.

With the testes already or soon to become functionless, and with the contemplation of a long period of intense suffering which will be relieved only by death, sentimental objections pale into insignificance, and the problem of securing relief without placing the life in danger is the only one entitled to consideration.

Cases of castration based upon Professor White's deductions soon began to be reported. Ramm, of Christiania, Norway, recorded two in September, 1893; Haynes, Los Angeles, Cal., and White, Philadelphia, each report three cases; Finney, Baltimore, reports two cases; Smith, St. Augustine, Fla.; Powell, London; Mayer and Haenel, Dresden; Moullin, London; Thomas, Pittsburg; Ricketts, Cincinnati; Swain, Bristol, England; and Bereskin, Moscow, each record one case. Thus far eighteen operations have been published. All have been more or less successful, and usually the relief from the distressing symptoms and the shrinking of the prostate have been marvellous. The least favorable cases have experienced infinitely greater relief than has been obtained by any method heretofore employed. At least as many unpublished cases have been operated upon with equally favorable results. There have been no deaths from the operation; of course few would be expected in the hands of competent surgeons.

To those familiar with these cases, the rapid shrinking of the prostate and the simultaneous relief afforded the patient have been truly wonderful. The operation has, therefore, passed the experimental stage, and has legitimately established for itself a position among the most successful of operative procedures. Indeed, the results have been so uniformly favorable that castration may now be considered a specific for hypertrophy of the prostate.

It is necessary, however, to utter a word of caution here. Castration is not indicated in every case of prostatic enlargement or urinary obstruction. To secure uniformly successful results one must be certain that the condition from which the patient is suffering is appropriate for the operation. Cases of prostatic abscess, prostatitis, tumors of the prostate and of the region of the neck of the bladder, and other forms of obstruction in the neighborhood of the prostate must be distinguished from true prostatic hypertrophy. Without careful discrimination, both the surgeon and the patient will be disappointed, and the operation will unnecessarily be brought into discredit.

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As it stands today, however, in appropriate cases, it appears to mark an advance in the surgery of the prostate, which, when the gravity and the frequency of the condition of hypertrophy are recalled, together with the more or less ineffectual and always dangerous methods of treatment which have prevailed, must be a source of congratulation not only to Professor White but to the profession at large, and to thousands of patients who, having outlived their sexual lives and earned an old age of mental and intellectual enjoyment, have had only a few short years of torment and misery to look forward to on account of this hitherto intractable disease.

Society Surgeons St. Joseph & Grand Island R. R.

MEETING AT ST. JOSEPH, MO., THURSDAY, FEB. 21, 1895.
COMMERCIAL CLUB, 10 A. M.

PROGRAM.

1. Thermic Fever in the Western States. F. J. Schaufelberger, Hastings, Neb.
2. Some Errors in Ophthalmology. Barton Pitts, St. Joseph, Mo.
3. Chloral Hydrate. W. R. Pennington, Beattie, Kan.
4. Rupture of the Diaphragm. Report of Two Cases. E. S. Garner, St. Joseph, Mo.
5. Enlarged Prostate in Railroad Men. S. Murdock, Oneida, Kan.
6. Arguments in Favor of a State Board of Medical Examiners. Daniel Morton, St. Joseph, Mo,
7. The Therapeutic Effects of Drugs. Noah Hayes, Seneca, Kan.,
8. Hemorrhage and Its Treatment. Jacob Geiger, St. Joseph, Mo.
9. Clinical Reports from any member.

Full report in the next issue of THE MEDICAL HERALD.

The Arena.—This phenomenal magazine continues to amaze its readers with its wonderful vitality and the richness of its pages. Each number is a volume; and so greatly has it grown that a bound volume cannot comprise more than three numbers, so that four volumes are required for each year. It is impossible to speak of the contents of a number or their merits in less space than an ordinary article requires. The range of questions discussed and its pages covers a large field; yet they are most along one line of thought; in philosophy, rationalistic; in government, socialistic in the best sense; and in morals and religion, humanitarian. It is the avenue to the public of free and independent thinkers on all subjects; the *arena* for all kinds of intellectual contests. It is aggressive in thought, bold in declaration and firm in its advocacy of what it esteems as right, bordering, possibly, a little on the dogmatic. All men of positive convictions are dogmatic in the estimation of thoso who have no convictions, and whose opinions are like the outer garment of cold or hot weather—changeable. The magazine occupies an enviable position in the world, and sheds lustre on the land of its birth and home. The February number is especially interesting.

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Appointed.—Dr. James Moores Ball has been appointed Consulting Oculist at the St. Louis Poor House, by Health Commissioner Homan.

Resignation of Dr. Lanphear.—Owing to a disagreement with the Board of Trustees of the St. Louis College of Physicians and Surgeons, Dr. Emory Lanphear, Professor of Surgery, has resigned. Dr. Frank Ring has been elected Registrar of the College.

Antitoxine in St. Louis.—Messrs. Holekamp, Grady & Moore, 915 Olive street, are prepared to supply Behring's Antitoxine. They also furnish culture tubes for physicians who desire a bacteriological examination. On return of a tube they will have the examination made, and will telegraph the result within twelve hours. The fee is $5.00.

Tri-State Medical Society.—The prospects are excellent for a first-class meeting of the Tri-State Medical Society in St. Louis, on the first Tuesday, Wednesday, and Thursday of April. The officers have appointed the following Committee of Arrangements for the next meeting of the Society: Drs. W. B. Outten, James A. Close, H. W. Loeb, A. J. Steele, George W. Cale, J. H. McIntyre, C. H. Hughes and E. H. Gregory.

Lectures.—Dr. Adolph Meyer, of the Hospital for the Insane at Kankakee, Ill., will give a course of lectures of two hours each in the Chicago University extension class work department, on the anatomy of the nervous system, with full reference to pathological and physiological facts. The course is intended for physicians and senior medical students, and will be held in the Athenian Building, Saturday evenings, commencing in January.

Eastern Iowa District Medical Society.—The twenty-third session was held at Keokuk, Iowa, Thursday, November 15th, 1894, and a number of good papers were read. There were present Drs. J. Fred Clarke and Calvin Snook, of Fairfield; C. J. Heald, of South English; W. B. LaForce and D. C. Brockman, of Ottumwa; G. O. Morgridge, of Muscatine; J. W. Holiday, E. A. Waggoner, and G. B. Little, of Burlington; J. J. M. Angear and Joseph B. Bacon, of Chicago; A. E. Moore, of Wayland; S. T. Gray, of Albia; R. N. Cresap, of Bonaparte; H. C. Young, of Bloomfield; Henry Hartley, of Trinidad, S. A.; M. C. Terry, of Brighton; and James Moores Ball, of St. Louis. The *Tri-State Medical Journal*, *Medical Fortnightly* and MEDICAL HERALD, were represented. Next meeting at Fairfield, Iowa, in June.

Iowa State Medical Society.—The forty-fourth annual meeting of the Iowa State Medical Society will be held April 17th, 18th and 19th, in Creston, Iowa. The following are the chairmen of the different sections for the next meeting of our State Society: 1. Medicine, Dr. F. M. Hiatt, Red Oak. 2. Surgery, Dr. J. M. Emmert, Atlantic. 3. Obstetrics and Gynecology, Dr. H. L. Getz, Marshalltown. 4. Ophthalmology and Otology, Dr. H. B. Young, Burlington. 5. Materia Medica, Dr. J. R. Guthrie, Dubuque. 6. State Medicine and Hygiene, Dr. J. S. Braunsworth, Muscatine. 7. Mental and Nervous System, Dr. F. S. Thomas, Council Bluffs. The announcement program will be mailed about April 1st. J. W. COKENOWER, M. D., Secretary Iowa State Medical Society.

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ABSTRACTED LITERATURE

Pneumonia in Children—Read Before the Tri-State Medical Society, at Kansas City, Mo., April 3, 1894.—By Everett J. Brown, Decatur, Ill.

In Boston, during a period of eight years, from 1879 to 1886 inclusive, there were 12,053 deaths in children under five years of age. Seventeen per cent of this number died from pneumonia or bronchitis; this mortality is equal to that of diphtheria, and second only to that of cholera infantum, which is twenty-nine per cent.

Statistics compiled from reports of boards of health of towns or cities are of little value in determining the frequency of pneumonia in children and infants, as a large number of the deaths from this disease are reported as bronchitis, whooping cough, measles, scarlatina or meningitis. It is not possible that a simple uncomplicated bronchitis can cause the death of a child, yet in the reports above mentioned there were 2,443 deaths from from bronchitis and 2,140 from pneumonia. We are compelled to assume therefore that many, if not all, the deaths reported as due to bronchitis, were in reality due to pneumonia; the same may be said of the other diseases mentioned, the real cause of death in many cases being a secondary broncopneumonia.

By pneumonia is meant an inflammation of the parenchyma of the lungs; it is more properly called a pneumonitis, and is also known by the name of lung fever, catarrh fever, and capillary bronchitis.

In children we have two forms of pneumonia: First, the croupous or lobar pneumonia, the same as occurs in adults, and second, the far more common and far more fatal, catarrhal or broncho-pneumonia, sometimes also called lobular pneumonia or by the now nearly obsolete title of capillary bronchitis.

Lobar or croupous pneumonia is "a specific infectuous self-limited disease, giving rise to definite temporary pulmonary lesions. It is non-contagious, and its duration is from five to ten days." It is rarer in children than in adults, usually attacks previously healthy children, is rarely fatal and rarely leaves any sequalae.

Broncho or catarrhal pneumonia, so rare in adults, is one of the most common and one of the most fatal of the acute diseases of childhood. It consists of consecutive inflammation of the bronchial lining membrane, the air-cells, and the connective tissue. It is seldom if ever a primary disease, as is the lobar form, but is usually secondary to some other disease, such as bronchitis, whooping cough, typhoid fever or the exanthemata: its duration is very variable, ending by lysis, sometimes becoming chronic and very often eventuating in chronic pulmonary lesions, such as tuberculosis or empyema.

Not until the year 1823 was the distinction between bronchitis and pneumonia pointed out, and even today many cases of true pneumonia in children are treated as bronchitis. For many years also the condition of pulmonary collapse or atalectasis was confounded with pneumonia.

Until in 1844, Legendre and Bailly, by an interesting demonstration, showed that the collapsed lung of atalectasis could be restored to the normal state by inflation, but would sink in water.

True lobar pneumonia is not a common affection in young infants, especially in private practice, although it has been observed in nurslings, after five years of age it is much more frequent.

Broncho pneumonia on the other hand is the form most frequently met with in children under five years of age and it diminishes in frequency with the age; the mortality under two years of age is very high and this diminishes with the age.

Etiology: Most observers now agree that lobar pneumonia is an infectious disease, produced by the entrance into the system of one or more specific micro-organisms; the diplococcus of Frankel-Weiselbaum may be found in most cases; less often Friedlander's bacillus; in the septic broncho-pneumonias of scarlet fever, measles and diphtheria the various pus micro-cocci are found. It is doubtful therefore, whether any single micro-organism may be regarded as the cause of the disease, or whether several orgarisms share that power.

The same causes producing bronchitis will produce pneumonia; the most prominent of these is "taking cold"; two-thirds of the cases of pneumonia occur in the spring and winter months, while only one-third are seen in the summer and autumn, therefore season is probably the most important etiological factor; age also has an important influence upon the frequency of the disease, the largest number of cases

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of lobar pneumonia occurring between the fourth and seventh years, while the broncho-pneumonia is very common under two years of age. There are more male than female children attacked; during the period of dentition the disease occurs with great frequency and with great mortality. Unhygienic surroundings, bad air, overcrowding in tenement houses are predisposing causes. Sometimes several cases may occur in one family; it is a very common disease in the poorer quarters of large cities, and the mortality is very high.

It is as a secondary complication to many diseases that we meet the largest number of cases of pneumonia and always of the broncho-pneumonic type. It occurs with whooping cough, measles scarlet fever, diphtheria, typhoid fever, miliary tuberculosis, acute summer diarrhoea or chronic intestinal catarrh.

Symptomalogy:—The croupus form occurs as a primary disease, with sudden onset, rarely in children under three or four years of age, lasting not longer than ten days and often not more than five or six. The premonitory symptoms are not unlike those of scarlet fever.

Its course is divided into three stages —the effervoscence, occupying one or two days; the fastigium or period of high temperature, lasting about three days; and the defervescence or crisis, usually accomplished in less than one day. The premonitory symptoms are anorexia, cough, drowsiness, pain in side, mivoting, a chill, or in its place a convulsion; then follows high fever, rapid pulse, dyspnoea, head-ache, rapid respiration and possibly delirium; the cheeks become flushed, the alae nasi move rapidly, the tongue becomes dry and brown; the urine is highly colored, scanty, contains albumen and an excess of urea, but is deficient in chlorides; the cough is dry and hacking and causes pain; young children do not expectorate, but in the older ones the usual rusty sputum is observed. The temperature which suddenly reached 104 degrees at the beginning of the attack continues very high, with slight morning remissions; the respiration reaching fifty, sixty and even seventy-five per minute is out of all proportion to the increased pulse, which runs from 120 to 160; these symptoms continue until the sixth or the ninth day, when the crisis occurs; there is then a sudden drop in the temperature and a marked improvement in all the symptons. Occasionally the crisis is marked by relapse, the child becoming cold and clammy with a subnormal temperature; or in some cases, instead of ending by crisis, the fever terminates by lysis, more after the manner of a broncho-pneumonia. The physical signs are first noticed about the second or third day of the attack, by signs of consolidation of some portion of lung tissue; in children it is the apex most usually affected, hence the dullness, bronchial breathing, and rhonchi are best heard in the infra-clavicular, axillary or scapular regions; other areas of the lung may be involved but the apex is the most frequent location. Holt has laid down this rule:—"If the pneumonia is primary and at the apex only, it can be pronounced lobar without hesitation." It will thus be seen that the physical signs of acute lobar pneumonia in children do not differ essentially from the signs of the same disease in adults. In broncho-pneumonia however, which is so rare in adults, so common and so fatal in young infants, we have a disease which taxes out skill to the utmost, both as diagnosticians and as therapeutists. A child has had a bad cold, is coughing some, but is up and around; after several days the fever suddenly increases, the breathing becomes more rapid, there is great depression, loss of appetite; vomiting and diarrhoea or possibly repeated convulsions; this condition lasts from a few days to two or three weeks and either ends fatally or by a slow convalescence; sometimes these cases are treated for cholera infantum, when the bowel symptoms are prominent, or for meningitis when the nervous symptoms and convulsions are the main features; in both instances the rapid respiration is attributed to the fever.

It may be safely said that broncho-pneumonia is never a primary disease; it is always preceded for a number of days by a bronchial catarrh, or is a secondary complication to measles, pertussis, scarlet fever, or some other of the acute diseases of childhood. When a pneumonia follows a bronchitis all the symptoms become exaggerated; the cough becomes shorter, more hacking and painful; the child is feverish, restless and breathes forty or fifty times a minute and with labored effort; it lays helpless in its mother's arms and will rarely resist the examination. When the disease follows whooping cough, it is very slow in developing, and is usually accompanied by a decrease in the paroxysms. Vomiting and diarrhoea are frequently present and may last during the whole course of the disease and may be so severe as

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to mislead the physician in regard to the main disease present and cause him to overlook the chest trouble. Expectoration is not observed as the child is too young, and if it occurs it is never the typical sputa of lobar pneumonia. There is decided dyspnea and the retraction of the ribs and intercostal spaces especially at the lower or lateral portion of the chest, and the depression of the epigastrium are well marked. The pulse ranges from 120 to 200; the latter number has been observed by Morrill a number of times in cases terminating favorably. An irregular pulse is a bad omen. The respiratory movements may reach from 50 to 70 a minute, and the breathing it thoracic instead of abdominal; expiration is accompanied with a moaning sound.

The occurrence of Cheyne-Stokes respiration portends a fatal issue usually; suffocative paroxysms or "sinking spells" occur where there is much collapse of lung tissue.

The temperature may reach 104 to 105 there is no uniform curve to it; neither is there any regular ratio between the pulse, temperature and respiration. In broncho-pneumonia evidence of consolidation is usually obtainable in both lungs before the case ends; on percussion there is rarely marked dullness but there is a lack of resonance over considerable lung tissue; rales are heard over both lungs, especially the moist sub-crepitant ra.es or a coarse crepitation.

Treatment.—We have no known means of aborting or cutting short either form of pneumonia. Both forms are self-limited diseases, and we can do nothing more than sustain the system by appropriate foods and stimulents, and make the patient comfortable by relieving unpleasant symptoms, such as pain, cough, sleeplessness, etc., while the disease runs its course.

The patient should be kept in a large airy room at a temperature of 70 degrees to 75 degrees; free from draughts and with an open fire place if possible. A light cotton jacket should be worn over the chest; poultices and wet dressings of all kinds should be avoided; the chest may be frequently oiled with champored oil or vaseline.

Opium to relieve pain and cough is almost always indicated, but should be stopped at once if the power of expectoration becomes less. Dover's powder or paregoric are the best forms for administering it. Alcoholic stimulation is rarely needed in the lobar form but in the severe broncho-pneumonic form it is the rmedy par excellence. It should be given fearlessly in bad cases. I have often given a teaspoonful of whisky every hour to very young infants, it is the best given with milk. As a rule children take brandy better than any other stimulent, champagne is rarely relished by young children.

As expectoration is the chief safeguard against pulmonary collapse, the use of opium in severe cases where the cough is infrequent and powerless, should be avoided; in its place should be given the stimulating expectorants, such as carbonate of ammonia and squills; but the best remedy for weak expectorating powers is alcohol; senega also induces continuous cough; in some cases, however, it is necessary to produce emesis in order to cause the expulsion of the obstructing mucuous; for this purpose turpeth mineral or ipecac in five grain doses in usually sufficient.

To reduce the fever we have the bath sponging, and the various coal tar derivative antipyretics; of the latter phenacetine only is comparatively safe, but even that should be given cautiously and not in cases that are extremely asthentic; for the relief of fever and the dyspnoea accompanying it, nothing excels the tepid bath.

The child should be frequently submerged in a bath of a temperature of 100 degrees Fahrenheit. If very young it can be placed in a large towel gathered at the head and feet like a hammock, and gradually lowered into the water until all but the face is covered. This maneuver, if carefully executed, seldom excites any apprehension on the part of the patient, who should be taken out at the expiration of ten or fifteen minutes, wrapped at once in a blanket, and laid on the bed, where it frequently gets a refreshing sleep. This may be repeated several times a day to reduce high temperature, which may in itself be a cause of dyspnoea as well as a menace to life." Sometimes placing the patient in a steam tent is very beneficial when the dyspnoea is paroxysmal and not apparently caused by obstruction of bronchial tubes.

The diet should consist of milk broths and cereal preparations; the white of an egg in cold water with brandy is easily assimilated and very nutrious. During the course of the disease the child's position should be frequently changed so as to prevent hypostatic congestion and pulmonary collapse.

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The Real Value of the Medicinal Peroxide of Hydrogen Preparations Found in the Market—

My attention having repeatedly been called to several reports and analyses made by different chemists and published by some medical joudnals, I concluded to examine all the brands of peroxide of hydrogen which I could find on the market, in order to ascertain the real value of each when intended to be used as an antiseptic remedy, both internally and externally.

The reports on the subject which have come to my knowledge are quite contradictory, and my object is to impart to the medical profession the results of my experiments, which have been made on fourteen fresh samples, purchased by me in duplicate, directly from the manufacturers or their selling agents.

These brands have been tested for the volume of available oxygen, the amount of residue, the degree of acidity, and the amount of soluble baryta salts contained therein, as per following table:

By referring to this table it is easily understood that sample No. 2, "hydrozone," is far superior to any other brand which has ever been made. not only on account of its containing a much larger amount of available oxygen, but also owing to the presence of a small quantity of several essential oils, the respective nature of which could not be determined, very likely because they have been submitted to the oxidizing action of peroxide of hydrogen before being used to make "hydrozone."

I attribute to this small quantity of essential oils the great superiority of hydrozone over any other brands of H2 O2 as a healing agent.

When hydrozone is diluted with distilled water, in the proportion of half and half, the resulting mixture contains about 13.5 volumes of available oxygen, and its bactericide power still remains the same as the bactericide power of sample No. 5, which contains 16.55 volumes of available oxygen.

BRANDS.	Volume of Available Oxygen, determined by means of a solution containing 5.895 (grammes of Permanganate of Potash per liter of distilled water.....	Residue obtained from 100 C.C. of Peroxide of Hydrogen dried at 120 degrees C.	Acidity expressed in Cubic centimeters of Normal Volumetric Soda Solution for 100 C.C. of Peroxide.....	Baryta found in Soluble Baryta Salts contained in 100 C.C. of Peroxide.....
No. 1. John Bene's Peroxide of Hydrogen Medicinal.....	10.50	0.1886	2.19	None
No. 2. Hydrozone	27.35	0 2180	3.11	None
No. 3. Larkin & Scheffer's Peroxide of Hydrogen Medicinal....	9.65	0.1206	6 75	None
No. 4. Mallinckrodt's Peroxide of Hydrogen Medicinal.....	9.05	0.1408	1.43	None
No. 5. Marchand's Peroxide of Hydrogen Medicinal.....	16.55	0 564	1.29	None
No. 6. McKesson & Robbins' Peroxide of Hydrogen Medicinal.	10.95	0.(540	0.44	None
No. 7. Merck & Co 's Peroxide of Hydrogen Medicinal.....	10 50	0.2418	4 57	None
No. 8. Oakland Chemical Co.'s Peroxide of Hydrogen Medicinal	10.50	0.0332	0.34	0.0017
No. 9. Peuchot's Peroxide of Hydrogen Medicinal.....	10.60	0.4674	1 77	0 0018
No. 10. Powers & Weightman's Peroxide of Hydrogen Medicinal	8.40	0 0880	2.03	None
No. 11. Pyrozone, 3 per cent.	11 20	0.0534	0.76	None
No. 12. Rosengarten & Sons' Peroxide of Hydrogen Medicinal...	5.10	0.1002	0.25	None
No. 13. Smith, Kline & French Co.'s Per. of Hydrogen Medicinal	6.15	0.0880	2 6	None
No. 14. E. R. Squibb's Peroxide of Hydrogen Medicinal.....	12.40	1.004	12.04	None

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Sample No. 14 comes next to sample No. 5, but it is readily seen that the degree of acidity is entirely too large for a preparation which is to be applied to the most sensitive diseased mucous membranes.

Sample No. 11, called "Pyrozone" which contains 11.20 volumes of available oxygen, is quite similar to sample No. 6, with the exception that the latter contains a small quantity of salicylic acid. Very likely the salicylic acid has for its object to increase the bactericide power, but, unfortunately, I fear that it impairs the keeping properties of this preparation.

Acidity.—The 14 brands which I have examined contain free acids (phosphoric, sulphuric, muriatic): and I must say that peroxide of hydrogen medicinal should never be made neutral before using, even in the most delicate cases. Neutral peroxide of hydrogen rapidly decomposes under all conditions of exposure.

The keeping properties of H2 O2 solutions vary a great deal with the degree of purity and the percentage of free acids contained therein.

If the proportion of acid is too large, the profession well know that it acts as an irritant upon diseased surfaces. If it is too small, the solution don't keep well.

My opinion is, that a standard solution of medicinal H2 O2 must answer the following tests:

1. It should contain at least 15 volumes of available oxygen.

2. The quantity of free acids contained in 100 cubic centimetres should require not less than 1 c. c. and not more than 3 c. c. of normal volumetric soda solution, to be made neutral. Such a small quantity of free acid is not objectionable.

3. It should not contain any soluble baryta salts.

4. It must be free from sediment.

It is to be noticed that the brands No. 7 and No. 12 are valueless.

The brands No. 8 and No. 9 are not fit for medicinal uses, owing to the fact that they contain traces of soluble baryta salts.

The brand No. 3 has a heavy sediment of sulphate of baryta, which may be considered inert towards the system, but it is certainly detrimental to the keeping qualities of this preparation.

Brand No. 14, which is sold as a ten volume solution, is really twelve volumes, but it is too acid. Brand No. 5, which is sold as a fifteen volume solution, is really 16.55 volumes, viz.: About ten per cent. above the standard.

The brand No. 2, which is sold without any mention of volume, is really a 27.35 volume solution, viz.: Ninety per cent. above the standard.

None of the other brands come up to the standard, but on the contrary, they run from 35 to 55 per cent below—H. Endemann, Ph. D., Chemist, formerly with the Health Department of New York City, in Times and Register.

KOLA.—Physicians who desire to obtain the latest information on Kola should write Frederick Stearns & Co., of Detroit, Mich., for a copy of their Monograph on Kola. It is a handsome little volume of eighty pages, profusely illustrated, with original photographic plates of the leaves, fruit and nuts of the Kola, and microscopic slides showing the alkaloids obtained from the Kola nut, in crystalline form. In the Monograph the Pharmacognosy of Kola is ably treated by Prof. J. O. Schlotterbeck of the University of Michigan, who, from many sources, has compiled a vast fund of interesting formation descriptive of the Kola nut, its names and synonyms, habitat, history, botany, cultivation, collection and transportation, native uses, substitutions and adulterations, and chemistry, besides introducing many narratives from old authorities relative to the marvelous powers attributed to it by the natives and travelers in Africa. Its physiological and therapeutic action is described by F. E. Stewart, M. D., who presents a study of the active constituents of Kola, and details the effects produced by the administration of Kola as a remedy in Neurasthenia, Nervous Affections, Cardiac Affections, Alcoholism, and Sea Sickness. Kola is not a drug of recent introduction, for it has been used in this country since 1881; but the main reason why it

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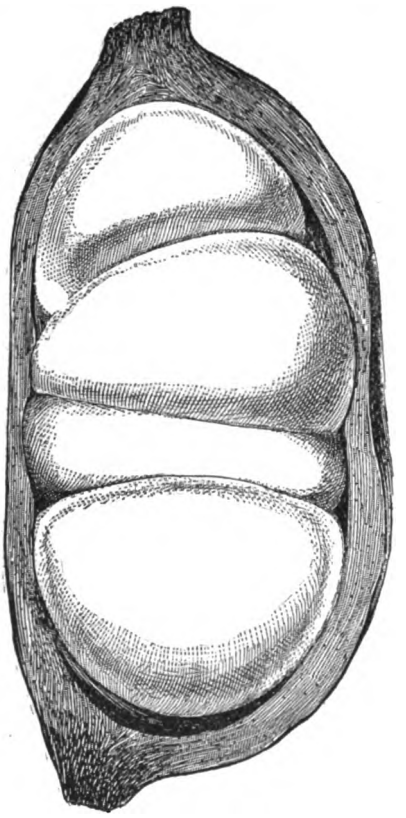
has not heretofore received the attention it deserves as a valuable cerebro-spinal stimulant is that in past years it has invariably been imported in a dried condition, and recent investigations have conclusively demonstrated that the glucoside, Kolanin, which is a principle peculiar to the Kola nut, is



Mature fruit opened longitudinally.

mostly decomposed into Caffeine in the process of drying. Hence the dried nuts do not possess the same activity as the fresh nuts. Physicians desiring to obtain samples of the fresh (undried) Kola nuts for planting, or for making clinical experiments, may obtain them from F. Stearns & Co., who are the sole importers of the fresh (undried) Kola nuts from Africa, and the original introducers of Kola to commerce in the United States.

Piperazine-Bayer in Lithaemia—

"Among the most refactory of all the conditions physicians are called upon to treat is lithaemia and the uric acid diathesis," writes Dr. Finley Ellingwood in the Chicago Medical Times, August, 1894. "I am convinced that it is increasing in frequency and that our active, stirring, nervous business men are especially liable to it.

The treatment of this condition has always been unsatisfactory. The best known method to cause the patient to abstain from nitrogenus food, and drink an abundance of water, and take a great deal of outdoor exercise. For medicines the acetates of the alkalies, and the citrates, the various salts of lithia and cimfifuga, gelsemium and hydrangea are the commonest. They must be persisted in and often after the treatment is stopped the condition will return as at first.

For six or eight months now past, I have used Piperazine-Bayer alone. In many cases I have only stopped the ingestion of alcoholics, but have not restricted them in drink or the use of tobacco. In at least half of the cases the treatment was not continued over three weeks when the patients reported the most extreme satisfaction as to results.

The first case in which I used Piperazine was one which I had treated over two years with the usual measures named above. The specific gravity was never below 1026 and usually above 1033. The specific gravity of the urine has not been above 1022 since the first week after the medicine begun, nearly a year ago, and the medicine was not taken steadily after the third week. The condition has remained permanently cured. All the cases were benefited except one, and that was a young hysterical woman, who had spinal irritation with a long train of nervous symptoms for two or three years. The Lithaemia persisted in her case. I am positive that with careful use, Piperazine has no counterpart in the treatment of lithaemia. I shall persist in its use in my specialty, and shall keep my readers posted as to results."

Dysmenorrhea, the congestive kind, with stomach ache, and excruciating headache and pain in the back, which is often seen in young girls and women with displacements, can often be relieved by Celerina and Aletris Cordial combined in equal parts.

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THE PRESCRIPTION CASE.

We hope that our readers will take special interest in this department of THE HERALD. We solicit practitioners to furnish us for publication, with one or more of their favorite prescriptions. Only such as your personal experience has convinced you to be of practical use should be submitted.

Formulæ plainly written on a postal card is a convenient way for sending. Always give them in this order, please: 1. Name of the disease. 2. The formula and directions. 3. Your name, town and state.

Doctor, let us hear from you in time for the next issue of THE HERALD.

Infantile and Chronic Eczema, and Psoriasis.

℞ Listol.....℥ss
Ungt. zinci oxidi.....℥ss
Ungt. plumbi subacetatis.....℥ss
M. Sig.—Apply well to the surface.

Herpes Zoster.

℞ Sennine.....℥ j
Pulv. zinc. oxidi.....
Pulv. amyl.....aa ℥ ss
M. F. pulv. Sig:—Use as a dusting powder.

Neuralgia.

℞ Antikamnia (genuine).....℥ iss
Ext. gelsemii.....gr. vi
Ext. hyoscyam.....gr. xviij
Ext. aconiti.....gr. ij
Mx. ft. Caps. No. xviij.
Sig—One capsule every three or four hours.

Hemoptysis.

℞ Ergotini.....gr. xx
Acidi gallici.....gr. xl
Syrupi tolutani.....℥ iv
Aquæ.....ad ℥ iv
Misce et fiat mistura.
One teaspoonful to be given every two or three hours.

Pityriasis Capitis.

℞ Sulphuris præcipitati.....℥ iss
Adipis lanæ hydrosi.....ad ℥ ij
Misce et fiat unguentum.
To be applied to the affected parts every second day.

A New Diphtheria Remedy.

Professor Loeffier, of Griefswold, who is the foster parent of the so-called diphtheria bacillus, has introduced the following, to be applied with cotton upon a probe after removing the mucus as far as possible:

℞ Menthol.....10 grammes
Toluene.....q. s to make 36 grammes
Absolute alcohol.....60 grammes
Iron-chloride solution.... 4 grammhs

The applications are to be continued every three hours for four or five days. It is stated that of ninety-seven cases treated by this mixture, there has been but one death.—*Med. Age.*

Intercostal Neuralgia.

℞ Linimenti belladonnæ.....℥ j
Linimenti chloroformi..... ℥ iv
Linimenti opii..... ℥ iij
Misce et fiat linimentum.
To be well rubbed over the painful area.

Ill-Nourished Children.

℞ Extracti malti.....
Olei morrhuae.....
Syrupi ferri phosphatis com positi..... ....aa ℥ss ad ℥j
Misce et fiat mistura.
To be given three times daily after food.

Lichen Urticatus.

℞ Spiritus rectificati.....
Saponis mollis.....aa ℥ j
Olei cadini.....℥ v
Aquæ.....ad ℥ x
Misce et fiat lotio.
To be applied night and morning.

Whooping Cough.

℞ Creasote.....gr. iv
Sulphonal.....gr iij
Syrup of tolu.....℥v
M. Sig:—Teaspoonful every two hours.—*Med. Bulletin.*

A New Remedy for Gonorrhea.

Dr. Infante recommends haplopapus clareta, a Chilian plant, by means of which he has obtained a radical cure in ten or fifteen days in each case treated. He administers it as follows:

℞ Fluid extract of clareta.....M xx
Distilled water.....℥ iss
M. Sig:—Tablespoonful twice daily.—*La Med. Mod.*

Anticonstipation.

℞ Podophyllin .....
Ext. colveynette co. .....aa gr. x
Ext. butternut.....
Ext. rhea.....aa gr. xx
Ext. nux vom.....
Ext. hyosciamus.....aa gr. v
Ext. Indian hemp.....gr. xx
Ext. gentian.....gr. x
M. ft. pil. No. 40. Sig:—One pill at bedtime.—*Dr. Work, Pueblo, Colo.*

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Medical Society Calendar for 1895

Compiled by CHARLES WOOD FASSETT,
Secretary American Medical Publishers' Association, ST. JOSEPH, MO.

NOTE . Society Secretaries will please keep us informed as to changes in dates, etc. Extra copies of this calendar printed on heavy paper, may be obtained by addressing as above, with stamp. Duplicate plates of this page for sale.

NAME OF SOCIETY	DATE AND PLACE OF MEETING
Alabama State Medical Association	April 16-19 ..... Mobile
American Academy of Medicine	May 8 ..... Baltimore
American Ass'n of Genito-urinary Surgeons	May 28-31.....Niagara
American Medical Association	May 7 ..... Baltimore
American Medical Publishers' Association	May 6 ..... Baltimore
British Medical Association	July 30-Aug. 2 ..... London, England
California State Medical Society	April 16 ..... San Francisco
Georgia State Medical Association	April 17 ..... Savannah
Idaho State Medical Society	Sept. 9-11 ..... Boise City
Illinois State Medical Society	May 21 ..... Springfield
International Medical Congress	August, 1896 ..... Moscow, Russia
Iowa State Medical Society	April 17 ..... Creston
Kansas State Medical Society	May ..... Topeka
Kentucky State Medical Society	June 5 ..... Harrodsburg
Louisiana State Medical Society	May 7 ..... New Orleans
Maine Medical Association	June 5 ..... Portland
Massachusetts Medical Society	June 11, 12 .....Boston
Maryland Medical and Chirurgical Society	April 23 ..... Baltimore
Montana State Medical Association	April .....Anaconda
Michigan State Medical Society	June 4 ..... Bay City
Mississippi State Medical Association	April 10 ..... Jackson
Mississippi Valley Medical Association	September ..... Detroit
Missouri State Medical Association	May 21 ..... Hannibal
Missouri Valley Medical Association	March 21 ..... Sioux City, Iowa
Nebraska State Medical Society	May .....Grand Island
New Hampshire Medical Society	May 30, 31 ..... Concord
New Mexico Medical Society	July 10 ..... Las Vegas
New York State Medical Association	October 15-17 ..... New York City
New York State Medical Society	Feb. 5 ..... Albany
New Jersey State Medical Society	June 25, 26 ..... Cape May
North Carolina State Medical Society	May 14-16 ..... Goldsborough
Ohio State Medical Society	May 15-17 ..... Columbus
Ontario Medical Association	June 5, 6..... Toronto
Oregon State Medical Society	June .....Portland
Pennsylvania State Medical Society	May 21 ..... Chambersburg
Rhode Island Medical Society	June 6 ..... Providence
South Carolina Medical Association	April 24 ..... Columbia
Tennessee State Medical Society	April 9 ..... Nashville
Texas State Medical Society	April 23 ..... Dallas
Tri-State Medical Society	April 2-4.....St. Louis
United States Ass'n of Military Surgeons	May .....Buffalo, N. Y.
Vermont State Medical Society	October 10, 11 ..... Burlington
Virginia State Medical Society	October ..... Wytheville, Va.
Washington State Medical Society	May .....Seattle
West Virginia State Medical Society	July ..... Elkins, W. Va.
Wisconsin State Medical Society	June 5-7 ..... West Superior

MARCH MEETINGS:

Medical Society of the Missouri Valley, Sioux City, Iowa, 21st (Thursday).

The St. Joseph Academy of Medicine

Meets every Monday evening in the Commercial Club rooms. Visiting physicians cordially invited.

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The Golden Belt Medical Society.

The regular mid-winter meeting of the Golden Belt Medical Society was called to order by President Murphy at 2:30 P. M., in the court house at Junction City, Kansas, January 3, 1895, following members being present: Drs. Murphy, La Fevre, Fowler, Lindsay, Neptune, McClintock, Roberts, Sheldon, Steadman, Felty, Searl, Harvey, Daugherty, Lyman, McVey, King and Moyer.

Applications for membership were received from Dr. J. W. Neptune, of Chapman, Dr. L. J. Lyman of Manhattan, and Dr. D. J. Moyer of Junction City; and the committee on elections reporting favorably on the above applicants, they were upon motion to suspend the rules, elected by acclamation.

Two clinical cases having been presented, the secretary moved that a committee be appointed to investigate, and report upon them; and the chair appointed for the first case, Drs. Lindsay, Neptune and Harvey; and for the second Drs. Daugherty, McVey and Felty.

Dr. W. E. Fowler, of Brookville, read a very interesting paper, entitled "Pneumonia," wherein he reviewed the salient points of this subject, and laid particular stress on the treatment. Profitable discussion ensued, participated in by Drs. Sheldon, Daugherty, Roberts, Felty and Fowler.

Dr. W. S. Lindsay, on behalf of the committee, reported the first clinical case to be one of chorea in an adult woman, recommending a line of treatment which he believed would succeed in materially benefiting the patient. Further discussion was indulged in by Drs. Sheldon, Daugherty and Lindsay.

Following came a timely paper on Typhoid Fever by Dr. P. Daugherty of Junction City. The doctor believed this disease to be one of a preventable nature, providing an adequate prophylaxis is established and maintained. "Boil your drinks and cook your food, and you cannot have typhoid fever." The clinical aspects of typhoid fever, as seen here in central Kansas, was ably depicted from the author's personal experience. Under treatment, the writer emphasized the necessity of properly disinfecting the discharges of the patient, in order to prevent the spread of the disease through contamination of the water and food supplies. Dr. Daugherty says, "I have accomplished but very little by medication in typhoid fever, and have little faith in any specific for the disease," and believes this to be the present verdict of the best medical minds.

Long discussion followed the reading of this paper, in which the various phases, and more especially that portion relating to treatment were reviewed by Drs. Sheldon, Lindsay, Fowler, McClintock, Lyman, Searl, Roberts, Moyer and Daugherty.

Dr. Daugherty, as chairman of the committee appointed to investigate the second clinical case, stated that it was one of nasal mucous polypi, of long standing, and in spite of vigorous and persistent removal of the tumors and cauterization of their bases, they had continued to form, and at the present time they nearly completely filled the nasal cavities. The committee thought the only treatment which offered any hope of success would be the building up of the patient's nutrition, the thorough and complete removal of the tumors, and entire destruction of that portion of the nasal mucous membrane from which they sprung.

Dr. J. W. Neptune, of Chapman, presented a case, and read a short paper on "Ichthyosis." The case was that of a girl some eight years of age. A small red spot was noticed about the middle of the left leg, on the lateral aspect at birth. This spot has continued to develop and spread, until the parts affected now extend from the toes nearly to hip joint, being confined entirely to the anterior and lateral aspects of the leg, no other part of the body being involved in the process. The case has been under the care of a number of competent physicians, who have instituted all manner of treatment likely to do good in such cases, but all to no avail.

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The doctor had recommended only the use of some mild emolient, in order to keep the scales softened, and was of the opinion that no line of treatment offered any hope, in so far as the cure of the disease was concerned. The case was an extremely interesting one, from the fact of its having dated its commencement before the birth of the child, and was, therefore, strictly congenital; this disease rarely showing itself until considerably later in life; certainly as a rule not before the second year.

Discussed by Dr. Daugherty, Lindsay and Sheldon. These speakers agreed with the essayist in all essential particulars, and believed that he had given a correct prognosis.

On motion, the society adjourned to meet in the Bartlett Hotel parlors at 7.30 P.M.

President Murphy again called the meeting to order promptly at 7:30 P. M., and the regular program being continued, Dr. J. W. Felty of Abilene, presented a paper, in which he reported three cases of gastric carcinoma. The first was that of a heavy drinker; male; 38 years of age; carpenter by occupation. Frequently repeated examinations during the six months prior to his death, showed sometimes free hydrochloric acid to be absent; at others present. This fact lead the doctor to think the case to be one other than cancer, and the true diagnosis was only determined on autopsy; which latter showed "an ulcer as large as a silver dollar on the greater curvature, in close proximity to the pylorus." In regard to the presence or absence of free hydrochloric acid in the stomach during carcinoma, the essayist states, that "Rosenheim in recent years has handed down the solution to the question, as will be observed from the results of the autopsy. Rosenheim has shown in cases in which cancer develops in the fase of an old ulcer, hydrochloric acid may be present throughout the course."

The second case was that of a man 67 years of age, whose stomach on autopsy was found to be dilated to the extent of holding eight pints of fluid. There was a scirrhus of the pylorus, which extended to a part of the lesser curvature, and also involved from three to four inches of the duodenum.

Case third, a woman, aet. 49, who had a typical case of gastric cancer. On autopsy the stomach was so conracted by the cancerous formation as to contain only two ounces—this being its utmost capacity. The adjacent abdominal organs were agglutinated by the extension of the disease from the stomach. This is certainly among the smallest cancerously contracted stomachs on record.

The removed stomachs from the first and third cases were passed around to the members, for examination.

This paper called forth very interesting and profitable discussion, participated in by Drs. King, Daugherty, La Fevre, McClintock, Lindsay, Sheldon and Lyman.

Dr. J. W. Felty announced the death of two of our most worthy members, Drs. Geo. E. Harvey of Junction City, and Reid Alexander of Topeka, as having occurred since our last meeting, and moved that a committee of three be appointed to draft suitable resolutions expressive of our loss in the two above named brothers. Accordingly the chair appointed Drs. Lindsay, Sheldon and McVey to fulfill this mission, their report to be submitted at the next regular meeting.

On motion of Dr. Felty, Abilene was chosen as the place of next meeting.

At the society's request, Dr. W. E. McVey reported at some length and detail the measures that had been adopted to secure medical legislation. He seemed to very much doubt the ability of the profession to be able to effect the passage of a suitable and competent medical bill during the coming meeting of the legislature. The various features of a medical bill, and the prospects of obtaining suitable legislation was discussed by Drs. Daugherty, Lindsay, Searl, Felty, La Fevre and McClintock.

On motion, the society adjourned to meet on the first Thursday in April, 1895.

E. B. LA FEVRE, Secretary.

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PERSONALITIES

Dr. Sylvester Mead, of Greenwich, Conn., died December 21st.

Dr. A. G. Aldrich has returned to his former home, in Anoka, Wis.

Dr. Thos. Brooks, of Dearborn, is rejoicing over the arrival of a son and heir.

Dr. Cyrus Falconer died in Hamilton, O., January 28, in the eighty-fifth, year of his age.

Dr. Albert C. Hallam, died at his home, in Brooklyn, on January 9th from Bright's disease.

Prof. Alfred L. Loomis, of the University of New York City, died of pneumonia, January 23d.

Dr. Jno. Mills Browne, Lt.-Surgeon General U. S. Navy, died December 7th, 1894. He was born in Maine, in 1832, and graduated at Harvard in 1852.

Dr. J. M. Eaton Dead.—Dr. John M. Eaton, an eminent surgeon and specialist, died in Denver, January 12th, of congestion of the brain and peritonitis.

Dr. Spencer Pitts, one of the leading dentists of St. Joseph, was united in marriage to Miss Marguerite Aisquith, on February 6, at the Christ Episcopal church. Upon their return from the East, Dr. and Mrs. Pitts will be at home at 1318 Francis street.

Dr. B. W. Palmer, for many years editor of *The Medical Age*, Detroit, died at Nyack-on-the-Hudson, on January 4th, after a lingering illness of more than two years. Dr. Palmer also managed the advertising department of Parke, Davis & Co., and was an indefatigable worker and a polished gentleman.

Dr. Jamin Strong, for many years superintendent of the Cleveland Hospital for the Insane, died at his home, January 30, aged seventy years, from the effects of an attack of la grippe. Dr. Strong was one of the best known alienists of this country, and as superintendent of the Cleveland Hospital for the Insane left an enviable record.

Robert Newton Plummer, formerly with *The Medical Record*, New York City, has established an advertising agency in Philadelphia, handling Medical journal business exclusively. Mr. Plummer is well and favorably known throughout the journalistic world, and that his past experience will serve him well in his latest venture, goes without saying.

Dr. W. A. McCulley, for 25 years a leading physician and prominent citizen of Independence, Kans., died January 23d. He served as Surgeon of the Sixty-fifth Ohio Infantry during the war, and successfully treated the yellow fever in Florida, while Health Officer of the United States Army. He was stricken with the fever, but volunteered his services again in 1878, during the scourge at Memphis.

Dr. E. B. Zinke of Cincinnati died last month [illegible] la grippe. The doctor had spent the most of the past four and a half years in European hospitals, mainly of Paris, and returned to this country last October, since which time he has been in delicate health. He was no doubt a victim of over-work in his studies while in Paris, which left him in condition to feebly resist an attack of la grippe, which was succeeded by other complications, notably of his spine, from which he succumbed. Dr. Zinke was for many years a well-known practitioner in Cincinnati.

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NEWS AND MISCELLANY

St. Louis has a new electric ambulance car and a new cure for consumption. Thus science and invention go hand in hand in the city of doctors and electricity.

Settled out of Court.—The Dr. Fraker case has finally been compromised, the insurance companies admitting that the doctor is probably dead. The heirs get $39,018.

Joseph Shorett, a half breed, who was born two years before the United States Constitution was adopted, died at Fond du Lac January 16. Shorett was born 110 years ago.

Deficient Mammary Development.—Physicians prescribing for prospective mothers in whom mammary development is deficient, will get more satisfaction from Saw Palmetto than from any other drug or combination of drugs.—*Med. Age.*

Publishers' Meeting.—The American Medical Association will meet a month earlier than usual this year, convening in Baltimore on May 7th. The American Medical Publishers will, therefore, hold their session on the 6th of May, at the Eutaw House, 9:30 o'clock A. M.

Opposition to the use of the Anti-toxine Treatment for Diphtheria has already taken an organized form in England. A deputation, headed by Lord Coleridge, has protested to the authorities against its use in the hospitals, on the ground that "public money ought not to be devoted to experiments in psychology."

Photographing the Womb.—A Swiss physician has described a method of dilating the uterus by means of tents, so that by the use of a mirror a perfect view may be obtained of the interior of the organ. Not content with this, however, he is unselfish enough to desire to obtain photographs of the uterine interior in various diseases of the organ. The future of woman is sad indeed if now her womb must not only be felt of, sounded and measured, but photographed as well.—*New York Polyclinic*

Anti-Substitution Bill.—Dr. Short has introduced a bill in the Missouri Legislature that is aimed at the substitution evil. It provides that "if any druggist or pharmacist shall, when filling a physician's prescription for the sick, substitute any ingredient other than that named in such prescription, or shall omit or add to such prescription any ingredient without first obtaining the written consent of the physician writing such prescription, he shall be deemed guilty of a misdemeanor, and upon conviction thereof, be punishable by a fine of not less than fifty dollars nor more than five hundred." The bill has been referred to the committee on criminal jurisprudence with a favorable recommendation.

Psychological.—Hypnotism is just now threatened with a severe blow in the Missouri legislature, and in consequence the St. Joseph Psychical Society has passed the following resolutions; Whereas, There has been a bill introduced by Hon. J. F. Davidson in the Missouri legislature that is designed to prohibit the exhibition, teaching or practice of mesmerism or hypnotism in the state, and whereas, Psychology, which properly includes hypnotism, is a part of the curriculum of the high schools and universities of this state, and the most profound thinkers and scholars of the world are devoting much time, thought and energy in a solution of the many problems presented by hypnotism, therefore be it resolved, by the St. Joseph Psychical Society that should the Davidson bill become a law it would be detrimental to the welfare of all the people, and would hinder the scientific investigation of natural laws and would be unjust in its operation.

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ITEMS OF INTEREST.

Good!—The sale of patent medicines in England has fallen off 4,000,000 parcels from 1893. Wish we could say as much of the United States.—*Med. Age.*

Henry McCulley, the oldest man in Michigan, died at Battle Creek, Mich., January 17. He was 102 years old and was remarkably active up to the time of his death.

Pure Serum.—A philanthropic citizen has recently placed $30,000 at the disposal of the Health department of New York City for the purpose of providing an adequate supply of pure anti-toxine serum. In view of the large death rate from diphtheria in New York at the present day this provision is of the greatest importance.

Poisoning by Aloes.—Doctor F. G. Conner, of Lismore, New South Wales, reports the death of a woman aged twenty-eight from a quarter of an ounce of "Hiera-picra." The entire amount of the drug was added to a pint of gin, of which the woman took a teaspoonful twice a day for a fortnight with a view of producing abortion.—*Med. Age.*

Practitioners' Course for 1895.—The Kansas City Medical College will hold its annual post graduate course at the College building, corner 9th and Washington St. and at the City, St. Joseph's, Scarritt's, the German and St. Margarett's Hospitals, commencing Monday, March 18th, 1895, and continuing six weeks. This will be the best by far ever yet given by this college, to celebrate the close of our unusually successful year's work. For further instruction address,

Dr. JOSEPH SHARP, Sec'ry, 1827 Cherry St., Kansas City, Mo.

How is it Done?—We should think the printer would have great difficulty in distinguishing the "dead" matter from the "live" in the columns of *The Western Undertaker.*—THE MEDICAL HERALD.

O, no, Doctor! It's as easy to distinguish the difference between the pictures of those women you present in the pages of the MEDICAL HERALD and the "live" models whom they so beautifully represent. By-the-way, why don't you advertise for Browning, King & Co. and get some clothes for the nudes?—*Western Undertaker.*

Not belonging to the "dress reform brigade," our "models" couldn't wear that kind of clothes without shocking their modesty, as well as our own.

The Danse du Ventre as a Remedy for Constipation.—The *danse du Midway* alias the *danse du ventre*, the grossly indecent "dance" to which the civilizations of the West was introduced during the great Columbian Exposition, under the specious pretense that it was "the mode" in the land of the Theosophs, appears to have found a use, or rather an excuse for existence, in the therapeutics of that most troublesome of all the ills which the doctors have to treat, obstinate constipation in women. According to a French medical journal a young actress was afflicted with constipation so that a surgical operation was threatened (under the belief that there was some organic obstruction, or some foreign substance present). It the meantime she concluded to learn the *danse du ventre*, then becoming the rage. After the first lessons she found she was enabled to have regular stools, and after a short time perfect regularity in this direction (something she had never experenced before, even in early childhood) was established. The *Lyon Medical* thinks it sees in the fact a *precieuse indication therapeutique*, or a valuable therapeutic hint, which it no doubt is, and also of fun ahead. Lord! we fancy we can see, in our mind's eye, a certain pussy old dame, to whom in days past we have vainly administered pounds of cathartics, and on whom croton oil had scarcely any effect, capering around in the *danse du ventre*—but we draw the veil. It's too funny. —*Nat'l Druggist.*

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THE MEDICAL HERALD

MEDICAL HERALD COMPANY, - - - - - PUBLISHERS.
CHAS. WOOD FASSETT, - - - BUSINESS MANAGER.

PUBLISHING HOUSE,
CORNER SIXTH AND CHARLES STS.

SAINT JOSEPH, MISSOURI.
TELEPHONE NOS. 196 AND 736.

ALL matter pertaining to this department, or concerning advertisements, to insure prompt attention should be addressed to the Business Manager . . . . . .

THE HERALD'S circulation being among a class of physicians who PAY THEIR SUBSCRIPTIONS (and consequently READ each issue), this journal naturally offers the best opportunity to those advertisers who desire to reach the thrifty and progressive practitioners of the West and South.

Publishers' Bureau.

THIS DEPARTMENT will be devoted to such notices and comments as the Business Editor may feel inclined to make of deserving and meritorious preparations, and such items of news concerning new goods as will prove interesting to our readers. Practitioners are particularly requested to send us brief facts concerning the success of preparations advertised in THE HERALD, as demonstrated in their practice, and we will always be glad to give space in our Original Department for extended reports of clinical cases. Practices for sale, or notices of removal, not exceeding ten lines, will be inserted FREE three times for subscribers. Always state reasons for selling.

AMUSEMENTS IN ST. JOSEPH.

THE CRAWFORD THEATER—Fifth and Jule streets—First-class attractions at popular prices. Seats reserved four days in advance. NICK WAGONER, manager.

THE NEW TOOTLE THEATRE—Finest House in the West.— TOOTLE ESTATE, Proprietors. Fifth and Francis Streets. Do not fail to visit the Tootle Theatre. Seats reserved by mail or telephone.

DIME MUSEE—BERT. MARTIN, proprietor. 114 South Fourth Street. Four Performances Daily.

Think of it!—Munsey's elegant illustrated monthly, and THE MEDICAL HERALD, both by mail, prepaid, for one year, only $2.50.

Seasonable Advice.—Don't fail to read the new "ad." of Codliver Glycerine in this issue. Codliver Glycerine has stood the most crucial tests and is worthy the confidence of the profession.

Batteries.—Before purchasing a battery, consult the advertisement of the Chloride of Silver Dry Cell Battery Co., in this issue; it contains a few important thoughts for your consideration.

Three Inches in Size.—I have used two bottles of Phytoline "Walker" and reduced my weight fifteen pounds, and three inches in size around the waist; breathe freely and can walk with ease, something I have not been able to do for four years. I can now walk up a flight of stairs without stopping.

H. L. HENSLEY, M. D., Marion, Ohio.

Sander & Son's Eucalypti Extract (Eucalyptol).—In the article treating on inhalations of eucalyptus in cases of diphtheritis (Berlin *Klin. Wochenschrift*, 1876, No. 21) by Prof. Dr. Mosler, Director of the Medical clinic of the University at Griefswald, it is stated: "The oleum eucalypti folies, I employed in my tests, I received through Holzle & Chelius, Frankfort-on-the-Main; it must not be mistaken for the more frequently offered oleum eucalypti australe which is obtained from the wood of the eucalyptus trees. This latter oil is used commonly for mechanical purposes and has a far cheaper price; it is, however, no longer applied by me as an internal medicament." We certify that the oleum eucalypti folies named in the Berlin *Klin Wochenscrift*, 1879, No. 21, and there mentioned to have been procured from us, was the product of Messrs. Sander & Sons, Sandhurst, Australia. Holzle & Chelius, Frankfort-on-the-Main, Agents.

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Eczema and Acne Remedy.—*Sample Free* to any physician; address box 359, El Paso, Texas.

Surgical Chair.—Any doctor in need of a first class operating chair, can secure a bargain by addressing RETIRED, care MEDICAL HERALD, St. Joseph, Mo.

Gaseous Dyspepsia.—If your patient suffers from eructations of gas from the stomach, flatulency, heartburn or colic, give a fluid drachm of Seng, repeated every half hour until relieved; then give one or more fluid drachms before each meal until the cause is removed.

Coca Wine.—Dubuque, Iowa Dec. 5th, 1894. Theodore Metcalf Co., Boston, Mass., Dear sirs:—The bottle of your coca wine, metioned in yours of the 3rd came duly to hand and has been all used in a lady patient with threatened lung trouble and great debility with depression of spirits. She improved greatly under its use. Should she seem to demand it, I shall resume the administration of your coca wine, and bear it in mind for other cases. Thanks for your favor. I remain very truly yours, ASA HORR, M. D.

Sanmetto in Diseases of the Bladder and Kidney.—To whom it may concern: I have been in the practice of medicine for the past forty-four years, and say without hesitation that I have never prescribed any remedy that in its action is so near a specific in diseases of the bladder and kidney as Sanmetto, and particularly in cases of urethral inflammation combined with difficult micturition. Much might be said truthfully in favor of Sanmetto in all diseases of the genito-urinary organs. I think it is *the* remedy for those diseases, and the best now in use.
East Lynne, Conn. D. CALKINS, M. D.

On the Increase.—We have just been advised that the proportion of those American physicians using and having confidence in H. K. Mulford Co's preparations, has largely increased by their special $1.00 offer of six valuable winter remedies. Their best previous record was 33 per cent of the physicians using their products, and this introductory offer was designed to get all in line. Every article bearing their name is sufficient guarantee for its purity and superior excellence,—this offer is still in force and we would recommend our readers to take advantage of it. Do not fail to write them for a copy of their Therapeutic Notes on Winter Diseases, and their recent illustrated catalogue, which will be sent for the asking.

Do you Wish to Review Your Anatomy and Dissection, Doctor? At the commencement of the regular practitioners' course for 1895, given by the Kansas City Medical College, a special course of Descriptive, Surgical and Pathological Anatomy, will be held in the Anatomical rooms of the College, corner 7th and Washington St. Kansas City, Mo., commencing Monday March 18th, and continuing two weeks. The following teachers of the College will conduct the course: Herman E. Pearse, M. D. Professor of Anatomy, Geo. M. Gray, M. D., Demonstrator of Anatomy, Leo. A. Schæffer, M. D. Prosector to the Chair of Anatomy, assisted by Drs. H. A. Longan, E. Thraikill and P. P. Trueheart, Demonstrators. The fees for the course will be:

Matriculation (not required of practitioners who have matriculated the post graduate course).....$ 5.00
Anatomical fee (including material).....10.00

There is nothing more desirable than anatomical knowledge, and but one place to obtain it,—at the dissecting table and under the guidance of a demonstrator. The course will not interfere with attendence upon the regular post-graduate course as dissection is premitted at any hour during the day when leisure permits, while the demonstrators and lectures will be given each evening, from 7 to 9 P. M. Material can only be guaranteed for those who have applied in advance. For further information address, Dr. HERMAN E. PEARSE, 531 Rialto Building, Kansas City, Mo.

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L. B. EDWARDS, M. D., Pres. Richmond, Va. | J. C. CULBERTSON, M. D., V-Pres. Cincinnati, O. | J. MACDONALD, JR., Treas. New York City.

Organized September 6, 1893, at Washington, D. C.
First Annual Meeting, at Hot Springs, Va., August 13-14, 1894.
Next Meeting at Baltimore, Md., May 6, 1895, 9:30 a. m.

American Medical Publishers' Association

Secretary's Office,

CHAS. WOOD FASSETT, SECRETARY.

Sixth & Charles, **ST. JOSEPH, MO.**

The Memphis Medical Journal is now edited by Dr. A .G. Sinclair.

The American Analyst, of New York, has ceased publication, being absorbed by *The Reflector*, Boston.

The Fort Wayne Medical Magazine, and *The Journal of Medicine and Science*, Portland, Me., are new members of the association.

The Atlantic Medical Weekly succeeds the *Medical Monthly*, of Providence, R. I. Issued by the Atlantic Medical Publishing Co. $3.00 per year.

The Practitioner (London) is now under the management of Dr. Malcolm Morris instead of T. Lauder Brunton, and published by Cassel & Co. instead of the Macmillans.

Papers.—A number of good papers will be presented at the next meeting in May, among them "The Composite Publisher," by Mr. J. Harrison White, of Chicago, and "Cut Rates," by Dr. H. C. Coe, of the Portland, Ore., *Medical Sentinel*. "Some Well-Known Editor-Publishers" will be the title of a series of papers shortly to appear in THE HERALD. The articles will be illustrated, and will contain the views of various writers upon the question of business management in medical journalism.

Cormorant Advertisers.—An exchange in referring to this class of swindlers, says: "A worthy and valuable pharmaceutical development hardly secures general recognition before a horde of imitators attracted by its success, and knowing full well that the advertising columns of the great bulk of medical journals are open to them if they only promise to pay, rush boldly into the field, with nothing but their assurance as capital. And the medical publishers are most to blame for this. It is a notorious fact that if a would-be promoter will insert a page advertisement in just one journal of ordinary standing, before it makes its second appearance, a hundred other medical journals will be soliciting his patronage, and regardless of any assurance as to when and how they are to be paid, swell with importance in their columns as to the rapidly increasing recognition of their publications. But the reaction has come and all along the line publishers are awakening to the fact that an average of one paying advertiser to four "fakirs" does not pay, no matter how ponderous their advertising pages, and they are finding, too, that their reputable and honest patrons, who do pay, are begining to feel indignant at having their representation dwarfed by those who do not." What better argument can we advance for joining the Association of Medical Publishers and thus avoid the trouble and expense of carrying a "dead" ad.—to say nothing of the righteous indignation of your honest, prompt-paying patrons. Medical publishers have for years been in the habit of accepting an advertisement simply because they saw it in some other journal, and "presumed it all right, or so-and-so wouldn't publish it." Thus an unscrupulous advertiser could secure space in a score or more journals for several months without paying a cent. There is a concern at the present time placing advertising in the journals, on very liberal terms, too, who cannot show any good reason for their existence, or any just claims for credit. A number of our members have avoided the chagrin of being taken in by asking advice before accepting the business. Join the Association and help us stamp out the advertising frauds.

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THE MEDICAL HERALD

A PRACTICAL MONTHLY JOURNAL OF THE MEDICAL SCIENCES.

HIRAM CHRISTOPHER, M. D., Editor.

ASSOCIATE EDITORS: JACOB GEIGER, M. D., SURGERY; J. W. HEDDENS, M.D., PATHOLOGY

To contributors of Original Articles, a liberal number of copies of the HERALD will be given (or mailed free of expense if addresses are furnished), and the publishers will furnish reprints at cost, application for same to be made when copy is forwarded.

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Contributed Articles

[EXCLUSIVELY FOR THE MEDICAL HERALD.]

The Preservation of Sight and Hearing with Special Reference to the Eyes of School Children.

BY PIERRE ISIDORE LEONARD, M. D., ST. JOSEPH, MO.

Oculist and Aurist C. R. I. & P. R. R.

Read before the St. Joseph Academy of Medicine.

IT is not my intention to present a paper upon a purely scientific, technical subject, which could perhaps interest only those who have pursued these special branches of study and practice, but rather, touch upon some of the most important points in the preservation of sight and hearing.

It is particularly the general practitioner, the family physician, whose duty it is to know the importance of the early recognition of those diseases which, if not properly treated, or, if not treated at all, will inevitably lead to poor sight, blindness, partial or complete deafness as the case may be.

There are so many mild diseases of the eye and ear which run their course to a favorable termination with little or no treatment, that leads physicians to regard them ordinarily as harmless.

But there are many maladies starting mildly, then become chronic, producing changes which destroy the function of either one of these organs.

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Therefore, it is evident that we must prevent these changes, because subsequent treatment is of no avail, a fact only too well known to those who treat these diseases.

ARE PREVENTABLE.

The majority of those unfortunates in blind, and deaf and dumb asylums would have escaped their cruel fate by proper and timely treatment. We, as physicians, should use every effort to spread correct information about those subjects to the public. I do not intend to weary you with statistics, which are almost the same in all countries where they exist, but an important matter in the consideration of the causes of blindness is to see the percentage of preventable, probably preventable, and unpreventable blindness. The examination of the blind in asylums in this country and Europe show that about 42 per cent are blind from preventable causes, 24 per cent probably preventable, and 34 per cent unpreventable causes of blindness. The State of Illinois is taking care of, educating and controlling 2,834 blind and 2,564 deaf and dumb persons, while the census of 1890 gives us 50,411 blind in the United States. The last census gives Missouri 2,457 blind persons. Correct statistics of twelve countries show an average of 920 deaf mutes in every million of population, and if we admit the same proportion for the entire globe the total number of deaf mutes in the world is nearly 1,500,000.

DEAF MUTES.

Aurists who have examined many thousands of deaf persons prove that deafness is due principally to these slowly progressive processes in the middle ear, and which have their origin in the naso-pharyngeal mucous membrane. This fact should lead to a more careful study of the diseases of the nose.

There is a greater liability of children to diseases which give rise to deafness. They are deprived of hearing, are incapacitated for the acquisition of language, and consequently become deaf mutes.

THE BLIND.

The most prolific cause of blindness is ophthalmia in the new born. Different authors show the percentage of 30 to 40 per cent of all blindness due to this cause. It is absolutely preventable. Every physician knows of the prophylactic measures of Hausemann and Crede, and it is to be hoped that our legislature will pass an "Act for the prevention of blindness," compelling an accoucheur, midwife or nurse to report inflamed or reddened eyes to the Health Officer. In Illinois they tried to pass such an act two years ago, but failed. Such acts are in force in some of the Eastern states and in European countries.

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SOCIAL RELATIONS.

At the present time social conditions show that those persons afflicted with a physical infirmity or mental defect are often unable successfully to battle with the requirements of life, and are thus handicapped in the struggle for existence. Some good observers of social problems maintain that this circumstance is one of the causes which leads men to become criminals. They try to get by unfair means that which is beyond their ability. One sided blindness or deafness, weak sight or partial deafness disqualifies for a great many pursuits in life.

SCHOOL LIFE.

If we are to prevent the coming generation from becoming physically infirm, blind or deaf, we must begin at an early age with the children. Nearly all children are born with good eyes, and it is generally the first few years of school life that parents should be on their guard when children suffer from any visual fault, or from what is called "eye strain," which is generally accompanied by headache.

In England. France, Germany and Austria nearly all school children have their eyes examined, and if anything is wrong the pupil will use his eyes under the direction of the physician. During the period of school life, as is generally known, certain affections of the eyes increase.

It appears from the uniformity of the results of investigations that the increase is the general rule, and those who have treated of the subject have considered it due, in a great degree, to the fact of over-exertion of the eyes in school, more particularly when the light is bad and the room unwhoiesome.

Examinations of school children in different countries the ages in all cases run from the youngest to the oldest pupils, inciuding members of the superior schools, up to the age of twenty, show a percentage of near sighted eyes from 11 in young to 62 in the oldest.

There are a great many similar observations, all agreelng substantially with these, but the German percentages are always higher than the American.

These are the facts, and to most minds they seem to point to a tendency which is truly alarming. It is a distinct drawback to a person's usefulness to have abnormal sight; even to have to wear glasses is a serious drawback for many purposes.

SUPERVISION OF SCHOOL CHILDREN.

The necessity for closely watching the eyesight of children at school is based on the following facts:

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1. Near sightedness is very rarely present in early infancy.
2. At twelve it is present in about 20 per cent of the cases.
3. Close work with its associated conditions is the principal exciting cause.
4. Children are apt to choose occupations for which their eyesight is eminently unfitted.

The first step in forming an opinion is to ascertain the condition of the eyes in the parents. In the event of a parental history of near sigetedness the patient should be precluded from close work in early school life. Education should be postponed, at any rate until the 8th year. It will be for the oculist to estimate the amount and the character of the work—say two hours a day, close work. By rest is meant that the patient while still at work, is not using his eyes at or near reading distance.

The question of allowing night lessons will have to be decided apart. Teaching will be the better the more in dispenses with work at short range. Oral teaching, especially when combined with blackboard and the lantern, educates the eyes and ears, at the same time without taxing the former. Copy for writing should be set on the blackboard in preference to copy books, and even reading may be taught in the same way.

Some say that in every school room should be a printed notice containing two colums of printed matter, in the one all the occupations unsuitable for far sightedness, and the other, all those unsuitable for short sighted persons or those with weak vision.

The acuteness of vision of each pupil should be tested once a year, since certain defects of eyesight commonly begin during school life.

Fortunately, of late, many teachers themselves show a great interest in this matter, and I have often had children referred to me by teachers, who, instead of boxing the boy's ears for inattention, ascribe it rightly to a defect of vision. Of course, it is in early life that by judicious advice, and frequently by wearing proper spectacles, that a fair amount of eyesight will be preserved which, but for that, would have been lost.

Proper counsel and treatment will, in early life, prevent the pupil from developing such a condition of the eyes which the most skillful oculist could not do anything for when further advanced.

SCHOOL BUILDING.

As we are to have a new high school building in this city, and as I have seen a number of rooms in our public schools not answering our present ideas, I will refer to the best way of protecting the eyes of school children while at work. Not considering the site of a school building, its plan and arrangement, ventilation, heating, sewerage, contagious diseases, etc., I will say a few words upon the light of schoolrooms:

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1. There cannot be too much light in a school, for on dark days every part of the room should have good light.

2. The ideal of the oculist is light derived from a glass roof.

3. Windows should be on the left of the scholars, only on one side, and as many windows as are consistent with the strength of the wall.

4. Light should not dazzle, and this can be managed by curtains.

5. Windows should not let in light full on the face horizontally, therefore, curtains should roll from the bottom, leaving the upper part of the window free.

6. Scholars should not face the light.

7. Blackboards should not be between windows.

8. Abate the rule which forbids scholars to look up, as this rests the eye.

9. Books, dictionaries, charts, should all have large print.

10. There should be a distance of 12 to 14 inches between eyes and books.

11. Holding objects close to the eyes involves a muscular effort, that of converging the eyeballs and at the same time accommodating the lens by the ciliary muscle, which contributes to the increase of existing near sight, if it does not originate it.

12. Window glass should amount to about one-fifth of the floor surface.

13. The tint of the wall should be a light gray or light blue.

14. Curtains should be a light gray.

SPECTACLES.

I like to refer to the use and abuse of glasses. Glasses are being prescribed with an ever increasing frequency by a largely widening circle of medical men, opticians, spectacle peddlers, and one is surprised to meet so many spectacled people, especially children. Some oculists maintain that out of three children wearing glasses, only one needs them, and they are right according to my experience.

It is a fact that today, there is a divergance of opinion about the wearing of glasses in myopia, but most of them agree that when they are worn they should be of a weaker refractive power than is necessary to correct the actual degree of near sightedness. And yet lay people prescribe glasses.

If the degree of myopia be three dioptries, concave glasses for reading, or near work, may relieve the strain on the muscles of convergence and lesson the tension on the globe of the eye, which furthers the progress of the disease.

Errors of refraction are present in the majority of cases, and they need correction in only a portion of those who suffer from eye trouble. Proper treatment, tonics, rest, etc,, will frequently prove efficient.

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THE NEGLECTED EAR.

With ear diseases we are probably in a worse condition. It is an admitted fact, that of all human ailments, diseases of the ear have been most neglected. Even today there is a special mysticism among some professional and nearly all lay people upon this subject. Patients are often advised, "Do not meddle with the ear," "Let well enough alone," etc.

Every student of medicine should receive proper instruction in the practical examination, diagnosis and treatment of ear disease. To bring the importance of such knowledge in more direct bearing with general medicine, than the subject of the prevention of deafness, it has been variously estimated that brain abscess is the result of suppurative middle ear disease in from 43 to 76 per cent. According to Drs. Keen and White, of Philadelphia, diseases of the ear cause the death of over 2,000 people annually in Great Britain, with a population one-half that of the United States. Bringing these figures home in the same proportion, these diseases cause over 4,000 deaths anuually in this country. Of the partial or entire loss of hearing by preventable ear disease we can, of course, have no record.

FIRST SYMPTOMS.

The first symptoms of ear trouble to give us a warning, are frequently recurring colds in the head, annoying noises in the ears, acute earache followed by a discharge, thick voice, mouth breathing, obstruction of the nostrils, etc.

Practically, the middle ear is only an accessory cavity of the nasal passages. It is shut off from the external air by the ear drum, while it contains the mechanism necessary to transmit sound vibrations to the terminal filaments of the auditory nerve. It is absolutely necessary that air should reach the middle ear from the nose, otherwise the function of hearing is compromised. When the air behind the drum becomes rarefied below the normal atmospheric pressure hearing is instantly reduced.

The entrance of the Eustachian tube readily swells and is affected by nearly all abnormal nasal conditions. In these conditions of the middle ear which produce a vacuum, the vessels commence to congest because they are under less than normal atmospheric pressure, 80 per cent of all the deafness in the world finds its starting point.

The probable manner of how congestion, inflammatory infiltration or hypertrophy of the naso-pharyngeal mucous membrane produces middle ear disease is explained by the direct extension of the inflammatory process by continuity of tissue, by rarefaction of the air in the post-nasal space and tympanum, and from obstruction of the mouths of the Eustachian tubes by

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adenoid vegetations. In the case of many acute infectious diseases, the process is believed to extend to the middle ear, especially in diphtheria. The fact of the matter is that it is difficult to demonstrate the particular form of the extension of the inflammation.

After the restoration of the nose, naso-pharynx, Eustachian tube and throat to a normal condition, there often remains the characteristic tinnitus, deafness or aural vertigo. For that defective hearing which is due to true connective tissue formations in or about the middle ear, there is no help.

If the prominent factor in causing deafness is an unorganized inflammatory product there is good hope to improve the hearing by appropriate treatment.

The treatment of these hopeless cases is very discouraging, both to the physician and patient, while the physician may save his reputation by refusing to treat them.

Otology is not so discouraging if, by an early diagnosis, we are able to save our patients from the sad fate of becoming deaf.

217 South Sixth Street.

The University Favored.—It was at the meeting of the American Pharmaceutical Association, held at Asheville, N. C., last September, that a fellowship to be known as the "Stearns' Fellowship of Pharmaceutical Chemistry and Pharmacology," was conceived. Prof. J. O. Schotterbeck, of the university, and Dr. F. E. Stewart, director of the scientific dopartment of Frederick Stearns & Co., at once formally presented the matter to the president, Mr. F. K. Stearns. It was then favorably received and reported, though the details of the arrangement s were not completed until some time later. The fellowship offers excellent opportunity to graduates of the School of Pharmacy for original work as the facilities are generally admitted to be the best in the country. During the coming year, the work of the fortunate candidate will be under the immediate supervision of the dean of the department, Dr. A. B. Prescott. Only a short time since the Stearns art collection, comprising hundreds of beautiful water-color reproductions of Japanese fishes, executed at great expense by a famous Japanese artist, has been given to the university to be placed in the general museum. Let others follow the example thus so generously set by those true friends of the university.—*Detroit Free Press.*

Reduced Rates to the Tri-State Medical Society.—The Committee of Arrangements of the Tri-State Medical Society announces that railways will give reduced rates to the meeting of the society which occurs at St. Louis, April 2nd, 3rd and 4th, 1895. Gentlemen purchasing tickets for St. Louis are requested to ask the local agent for certificate which will be signed by the secretary of the society.

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Exfoliation of the Cochlea, Vestibule and Semicircular Canals—Presentation of the Patient and Specimen.

By M. A. GOLDSTEIN, M. D., St. Louis.

Read before the St. Louis Medical Society, Saturday, January 5th, 1895.

IN the history of otology, reports of cases of exfoliation of the labyrinthian structure have always created more than a passing interest, on account of their rarity of occurrence, the importance of their recognition, and the value of the many clinical phenomena observed in the course of so extensive a necrotic process in the delicate structure of the temporal bone.

Caries and exfoliation of the cochlea alone, as a sequestrum separate from the rest of the labyrinth, has been observed and described comparatively frequent. From the interesting bibliography on the subject may be mentioned a comprehensive report by Bezold, of Munich; in a monograph published in 1886, are collected perhaps the richest statistics of necrosis of the labyrinth coming under the notice of an individual observer. In the clinical observations in a series of forty-six (46) cases, he summarizes the principal factors bearing on the subject, as follows:

Necrosis of the labyrinth occurs in the male with twice the frequency that it does in the female; children under ten (10) years of age are especially predisposed to this affoction (18 cases in 43); the acute exanthemata, especially scarlet fever, play an important role as causative factors in the long continued suppurative otitis, with its frequent tendency to involvement of the internal ear; the necrosis usually follows in the wake of a suppurative otitis of long standing; in two (2) cases only, necrosis occurred after an otitis of eight months duration; in twenty-one (21) cases the otitis was of four years standing; in eight (8) cases, of twenty (20) years; only one case is cited where the necrosis of the labyrinth is described as the primary, and the otitis as the secondary process; the exfoliation and elimination of the sequestra occurred in 37 of 46 cases cited during the course of the disease; in nine (9) cases death ensued before the elimination of the sequestrum. Larger sequestra, composed not only the cochlea, but also of the vestibule, semicircular canals and pars acusticus internus have been met with but rarely Such cases have been cited and described in detail by: Wilde (Treatise on Diseases of the Ear, 1854, p. 358); Shaw (Transactions of the Pathological Society, London, Vol. VII); Toynbee, (Arch. f. Ohrenh., 1864, Bd. I.); Agnew, (*Amer. Med. Times*, Vol. VI, p. 185, see Troeltsch, 1869, Second Am. ed.); Voltolini, (Monatschr. f. Ohrenh., 1870, No. 6); Pome-

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roy. (Transact. Amer. Otol. Soc., 1872); Blake, (Transact. Amer. Otol. Soc., 1880, Vol. II, p. 417); Pollak, (Archives of Otology, 1881, Vol. X., p. 361); Sexton, (*Illustr. Quar. of Med and Surg.*, N. Y., January, 1882). In the two cases cited by Toynbee, the sequestra were not removed until after death. In the other cases, with the exception of those of Pomeroy and Pollak, the large sequestra were removed through the external auditory meatus. In the case reported by Pomeroy the large sequestrum was exfoliated by a natural process of elimination from the opening of a sinus behind the auricle. In Pollak's case the necrotic process had advanced to such a degree that the sequestrum, the major portion of the temporal bone, was lifted out of position and removed with scarcely the application of an instrument other than the fingers. Each of the cases recorded was attended by a very marked facial paralysis, great disturbance of gait and equilibrium, and complete deafness on the affected side.

The case herewith described, with the presentation and specimen may, perhaps, in consideration of the size of the sequestra, the beauty and thorough preservation of the pathological specimen, and the numerous clinical phenomena recorded, deserve a recognition with the rarest cases of necrosis of the labyrinth as yet reported.

Holley Muse, colored, male, aet. 6½ years, born in Nashville, Tenn. He was one of four healthy children; has always been well nourished and of average strength and activity. At the age of three years (December, 1891) patient contracted measles, making a smooth recovery without any of the frequent aural complications. One year later (November, 1892) an intense, acute ear-ache, of several days duration ensued, followed by a copious purulent discharge; for eighteen months the discharge continued freely, uninterruptedly, without the accompaniment of any unfavorable symptom, the patient not even experiencing the slightest pain or difficulty in hearing. May 1st, 1894, applied at the ear clinic of the Missouri Medical College Dispensary, where he received his first regular treatment for six weeks. During the following month the patient absented himself from the clinic.

July 17th patient was admitted to the ear department of the Missouri Medical Polyclinic. His general condition and the suppurative process had now assumed a decidedly unfavorable aspect. The discharge had stopped, due to a plugging of the entire external auditory meatus with a cheesy mass, which, on examination, proved to be composed of partially dried and inspissated pus, epithelial shreds and detritis, emanating a thoroughly fetid and offensive odor. The entire posterior auricular region was very sensitive to slightest pressure, the auricle was asssuming a position at right angles to

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the side of the head; the surface of the skin presented a sodden and irregular appearance; there was considerable induration, with distinct points of fluctuation, especially above a circumscribed area in a line with the upper margin of the auricle. This was incised and drained of about one and one-half ounces of green, fetid pus. A marked and almost complete facial paralysis was demonstrable on the affected side. A small sinus, from which a spicula of bone hae been recently discharged, was present, situated one-half inch posterior to the insertion line of the auricle and in a line with the posterior border of the lobule. Such was the condition existing when I took charge of the case, August 3rd.

August 5th the patient was prepared for operation. In the presence of Drs. Lippmann, Wolfner, Muetze, Neville, Kenner, and Carroll, I made a long, free incision, connecting the upper, posterio-auricular abscess opening with the orifice of the sinus described. Hemorrhage and oozing was profuse and difficult to control, owing to the disorganized condition which the tissue in the field of operation had assumed by the long continuation of a severe necrotic process. A firm pressure by broad retractors was applied, and a free opening to the bone made. Placing my curette in position, preparatory to the removal of the necrotic bone mass, I found a serious state of things existing. The entire area was one rotten mass, and could have been more easily ladled out with a spoon than removed with a curette. After considerable manipulation with curette, forceps and irrigator, I succeeded in exposing to view a sinus, leading downward and forward, with a depth of nearly two inches, and diameters varying from one half to one inch. The parts were thoroughly irrigated with hydrarg. bichlor. 1-1000, which was in itself a difficult task, under the circumstances, as a communication had been established through free exposure of the Eustachian tube between the ear and naso-pharynx, and there was considerable danger of asphyxia and accidental complications while the patient was under chloroform. The wound was well dusted with iodoform, packed with bichloride gauze, and a well-padded compression applied. One hour later the little patient was up and *walking part of the way home.*

The following day I removed the first dressing. The discharge was profuse and the odor excessively fetid. The irrigation with warm 1-1000 bichloride was applied with a twelve-ounce, hard-rubber, long-tipped syringe. The patient swallowed a considerable portion of the cleansing fluid. The communication between the large posterior opening and the auditory canal was free and drainage clear. The cleansing and dressing of the wound caused the patient no discomfort, beyond that of the fluid entering the nasal and pharyngeal cavities during irrigation. The advantage of

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such an irrigation, in which the wound, the ear, nose and pharynx were simultaneously cleansed, is self-evident. It was noticed after the second dressing that the motor paralysis of the right eye had partially subsided, and that the patient was now able to close the eye within one-quarter inch of complete closure. The dressings were reapplied daily for three months with but slight change in the general appearance of the wound or patient. Throughout the entire course of treatment, since the operation, there has been absolutely no pain, tinnitus aurium, vertigo, nausea and vomiting, or febrile reaction.

About the first week in November a change was noted in the general condition of the patient. He became restless, peevish, and complained of a general feeling of lassitude with a constant drowsiness.

The clinical memoranda appended will show the most interesting factors in the development of the case.

Nov. 5th. On redressing the wound, noticed for the first time a necrotic mass of bone, black in color, rough in surface appearance and touch, projecting from the anterio-lateral wall of the posterior auricular sinus. Discharge profuse and intensely fetid.

Nov. 6th. On irrigation, numeraus soft, long discolored shreds were washed away. Discharge in 24 hours amounting to half an ounce of viscid, greenish, foul-smelling pus.

Nov. 7th. The black necrotic mass appeared nearer the surface of the sinus orifice. When touched with the tip of the irrigating syrine, it was found to yield slightly. With a strong shanked, milled-pointed dissecting forceps the mass was firmly grasped, the head of the patient steadied, and by gentle, steady traction, the entire sequestrum was painlessly removed, *through the fistulous opening*. Not the slightest hemorrhage ensued, even oozing being scarcely perceptible. The entire proceeding was borne by the patient without the least expression of pain or a single unfavorable symptom. The wound was lightly packed with iodoform gauze and the auditory canal cleansed and dried. Sound tests were then instituted, as hereinafter described.

Nov. 8th. The discharge diminished to one-third the quantity, issuing only from the auditory canal. The posterior wound, through which sequestrum had been removed, was clean, the gauze strip being removed almost dry and without stain. Inspection reveals the walls smoothly lined with numerous soft granulations. The foetor has disappeared. Drainage is free and clear. Antiseptic irrigation used throughout the treatment, of hydrarg. bichlor. 1-2000 and 2 per cent acid carbolic, in luke warm aqueous solution. Walking and standing tests for equilibrium were made. Results detailed later.

Nov. 9th. The discharge remains odorless; quantity unchanged; general condition much improved.

Nov. 11th. Patient has again assumed his former lively disposition; eats heartily; sleeps soundly; rarely offers a complaint, even of slightest discomfort. Perceptible decrease in the quantity of discharge.

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Nov. 12th. On daily inspection by special illumination, after thorough irrigation, detected a flat oblong sequestrum at distal end of long sinus, and gently removed same with small angular forceps. Removal painless and without the slightest sequence. In the depth of this wound canal a pulsating or oscillating fluid, seemingly clear and shining, was discernable, and supposed to be the mucous of the exposed Eustachian tube.

Nov. 13th. Only traces of pus in the external auditory meatus; small, soft necrosed masses detached from the depth of the canal and removed with forceps and syringe.

Nov. 14. Mirror illumination in wound canal reveals the presence of a necrotic bone mass, attached to the posterior wall of the sinus. Examined with probe, it was found loose, and with forceps this, the third sequestrum was easily removed.

Nov. 15th. Discharge very slight. Another small sequestrum was removed from the upper wall of the sinus. Numerous healthy looking granulations were observed in the depth of the sinus. Patient is beginning to cough; a hoarse, short cough with frequent expectorations.

Nov. 16th. Discharge practically nil; a slight serous exudation noticed; similar to that found on granulating surfaces. Profuse granulations filling sinus.

Nov. 20th. Again some slight discharge. Located a small focus near the distal end of the bony portion of the internal auditory canal, with accumulations of epithelial shreds and pus.

Nov. 25th. Discharge of an even, yellowish green color, of thick consistency and increasing quantity. Cough has become more aggravated, loose, and expectoration profuse and of a muco-purulent character. Microscopical examination of the sputum revealed the presence of the tubercle bacillus in large numbers.

Dec. 10th. A bone sequestrum presents near the wound orifice. In restlessness of patient during attempted extraction, the mass was pushed out of place. Free communication between the sinus and the external auditory canal exists, as indicated by the probe in manipulation.

Dec. 11th. The sequestrum again presents, this time in the external auditory canal; presents with long diameter of sequestrum transversely to the axis of the external auditory canal. After some manipulation, succeeded in turning and removing the rounded necrotic bone mass from the posterior sinus.

Dec. 15th. No discharge; wound looking comparatively dry. Thorough irrigation followed by dusting canal and wound with iodoform; very small gauze strips inserted.

Dec. 19th. Both wound canal and external auditory canal dry; dressing of four days standing removed dry and unstained; drainage perfectly clear.

Jan. 5th. Above condition of wound unchanged. The patient is in lively spirits, talkative, and feels no discomfort from his recent siege of treatment. He is considerably emaciated, cough is still very harassing; expectoration very profuse. Physical examination, by courtesy of Dr. Hersman, reveals the following: In the apex of the left lung there is

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cavernous percussion sound, and cavernous respiration, and many gurgling rales. Over the entire area of the right lung there are medium sized mucous rales, with slight percussion dullness; harsh inspiration over the right apex; prolonged expiration of raised pitch; numerous subcrepitant rales. History of the case points to the probability of a rapidly developing phthisis pulmonalis. The mesenteric glands are enlarged and easily localized by palpation. The cervical and other lymph glands of the head present almost a "rosary" outline, so general, regular and continuous is their enlargement. The sputum analysis reveals the presence of numerous tubercle bacilli. Emaciation of the patient has been marked and rapid the past few weeks, A phthisical febrile reaction has also been noted; regular rise of temperature, accompanied by night sweats and continued coughing.

By far the most interesting and important factor which presents itself for consideration in this case, is the *existence of the faculty of hearing on the affected side, after removal of the cochlea and deep structures of the petrosa.*

I have been thoroughly cognizant of the difficulties and responsibilities attending an effort to substantiate so radical a statement, and have necessarily adopted the most careful methods and delicate tests to convince myself of the accuracy of my conclusions. The most serious obstacle to contend with was the exclusion of the healthy ear from the sound tests which were instituted. In the majority of the tests made, I adopted the method suggested by Dennert and Lucae, with modifications. In determining what degree of sound perception still exists in an affected ear in a case of one-sided deafness, the healthy ear of the patient is stopped, turned towards the source of sound and the tests then made, the affected ear being alternately opened and closed. Whatever difference in the hearing then elicited, is attributed to the affected ear.

A more delicate modification of this method has been successfully used by Burnett. The patient is so placed that the affected ear is toward the operator. The healthy ear (not the ear to be tested) is plugged. With the affected ear open, hearing tests are then instituted. Having thus reached the *apparent* limit of the *hearing power* of the *affected* ear, that ear is then closed, and the tests continued. If the closure of the deaf ear causes no difference in the hearing distance already obtained, it is fair to conclude that whatever amount of hearing exists is not due to passage of sound through the external auditory canal of the affected ear turned towards the test. In such a case the conclusion must, therefore, be that sound has reached the brain through the agency of the healthy ear. If, however, the stoppage of the affected ear is accompanied by an absolute inability to hear sound tests, it is again rational to conclude that this difference in the hearing power must be attributed to the affected ear. Thus, the final conclusion: *"Whatever is heard just as well with the deafer ear stopped as when open, the*

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better ear remaining stopped throughout the testing, must still be heard by the better ear through the head; but whatever is heard only with the worse ear open, the good ear being stopped, must be attributed to the worse ear."

The question might be asked, why cannot sound be conveyed to the deaf ear through the head; if it is conveyed to the better ear which is stopped and turned away from the sound source? The reply would be that an ear which, either when stopped or open, perceives no difference in sound conveyed by the meatus, is not sensitive enough to hear sound conveyed to it through the head.

In the consideration of the case at hand, bone conduction tests by aid of tuning forks were excluded, as they were deemed less delicate for a differentiation than aerial sound consuction. Furthermore, as our dealings were directly with an exfoliated labyrinth, the tuning fork, relative to bone conduction, was practically of no value.

The following tabulated relations will indicate clearly the conclusions reached in hearing tests of the affected ear:

Hearing tests.	Hearing capacity with both ears closed.	Hearing capacity with affected ear open and good ear closed.
Loud conversation	10 feet	30 feet
Whispered conversation	1 foot	3 feet
60 inch watch	2 inches	6 inches
Politzer's acoumeter designated by patient as a loud ticking watch	6 inches	14 inches
Galton whistle; pitched high	12 inches	2 feet
Differentiation in sound of C from C^4 tuning fork	14 inches	5 feet
Musical notes of a long-sounding harmonium. Differentiation of C (3rd octave) from C (5th octave)	14 inches	3 feet

In the execution of the enumerated tests the patient was blindfolded; the plugging of the meatus was done by a competent assistant, the forefinger being used as a tight plug. Taking into account the age of the patient and all tendencies to a possible misrepresentation of the hearing capacity, the tests were repeated at frequent intervals with many variations, yet the tests proved doubly valuable, owing to the demonstrable accuracy of the patient's statement.

Next in the order or importance of the clinical phenomena observed, was the preservation of the equilibrium and balance of the patient. As previously stated, one hour after the operation, patient was up and *walking home* with absolutely *no trace of altered equilibrium*. Walking and standing tests have been repeated frequently, varying the same in every conceivable

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way by blindfolding the patient, testing with eyes closed, permitting the patient to walk under the influence of loud noises, etc. The results are always positive; his gait firm and steady; the power of equilibrium preserved to a nicety.

A factor of great interest is the prominent role played by the bacillus tuberculosis in the development of this case. Early in the history of the case a microscopical examination was made of the discharge from the ear, and the presence of the tubercle bacillus demonstrated. A physical examination at that time gave no indication of a phthisical onset. The free communication of the suppurative aural focus with the pharynx; the tendency to frequent swallowing of this purulent material infected by the tubercle bacillus; the gastro-intestinal disturbances; incessant coughing; profuse expectoration; febrile reactions; enlargement of the lymphatics of the entire system; rapid emaciation; great prostration; and finally, the involvement of the lungs, as determined by recent examination; the demonstration of the presence of the bacillus tuberculosis in the sputum,—this well-marked series of symptoms point to a development of a rapid phthisical process. It seems rational and reasonable to conclude that this acute phthisis is, perhaps, a secondary development of the original tuberculous process in the ear.

In maintaining my position in the case at issue, with my conclusions drawn from the careful tests made and clinical phenomena observed, I realize that I am treading on delicate ground, and that the presentation of these results opens for consideration a new phase of development in the theory of sound, and in the complicated functions of the labyrinthian structures.

It is not my purpose to discuss the pros and cons of the theories which the results attained in the present case may suggest, but to indicate in the presentation of this series of simple firm facts, the existence of some inaccuracies in the now accepted theory of sound, and in the functioning of the semicircular canals in relation to balance and equilibrium.

DISCUSSION:

DR. ROBERT BARCLAY—"Extensive destruction, involving the main structure of the petrous portion of the temporal bone, is rare; the most frequent condition being that of exfoliation of the cochlea, where, after the problem of saving has been satisfactorily solved, the question next arises as to the possibility of hearing without this portion of the labyrinth. It is fortunate that the essayist has introduced here tonight the subject of hearing after exfoliation of the cochlea—a question of exceeding importance to us, and one particularly deserving of our close consideration, inasmuch as no less than three of our local professors of Otology have given public expression to their views on the subject, in a manner and to an effect, which, at best, appear intemperate, if not, indeed, not positively misleading.

At a meeting of the Medico-Chirurgical society of this city, on February 21, 1887, in the essay of the evening by Prof. M. D. Jones, this statement was made (and I quote from the essay as published

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in the St. Louis Courier of Medicine, of of April 1888, page 294): "There is but one sure sign of disease of the cochlea, and that is absolute deafness." In the discussion of the essay which followed (reported in the same periodical of May 1888, page 471), Prof. Chas. A. Todd is credited with the following remark: "As to the statement of the Glasgow physician, to which Dr. Jones referred, that the cochlea may be entirely necrosed and yet hearing be preserved; so a man with an enucleated right eye may see with the left. He could but believe that in these cases hearing is through the other ear."

And Prof. H. N. Spencer (here I again quote the Courier of the same page) "agreed with Dr. Todd that it is as much an absurdity to suppose that a man can hear with an exfoliated cochlea as to suppose that he can see with an enucleated eye. He don't think it possible to explain these cases on any other ground than that the observer has been deceived."

Now, when our local otologists, in a matter so important, express themselves with such positive prejudice, in flat contradiction to the reports of eminent observers who are universally accepted authorities in their special fields of work, it behooves us to give the subject more than a passing thought, before surrendering our judgment to any ipse dixit.

Before the case of Dr. Samuel Sexton of New York, five or six had already been reported. These by Drs. Gruber (of Vienna), Guye (of Amsterdam), Casselle, Christenback, Jacobson, and, if I mistake not, Bezold (of Munich); and there may be others which have escaped my notice. In a letter upon the subject, Dr. Samuel Sexton says (See the Courier of Medicine, August 1888, page 173:) "I have seen several cases where exfoliation of the cochlea has not been attended with total loss of hearing. I fancy no one disputes that in one of my cases marked hearing remains."

Now, all these observers are skilled otacoustic diagnosticians, and would certainly not hazard a positive statement as to the hearing after exfoliation of the cochlea, until they had first exhausted all the established and accepted tests for differentiating this from the hearing of the other ear, and satisfied themselves of this fact. I hold that the reports of these competent observers are worthy of mature consideration, of a suspension of judgment and dictum, if not, as I believe them to be entirely to be depended upon and worthy of universal defference.

Supporting the probability of the truth of these reports, the following quotations may be introduced:—"The functions of the labyrinth are theoretical, but experiments on lower animals make it probable that the maculae and cristae acusticae of the saccules and ampullae can perceive both noise and tone." (Burnett's System of Disease of the Ear, Nose and Throat, Vol. 1, page 90.)

"The explanations of the functions of the cochlea are still more hypothetical. The cochlea is supposed to perform a more important role in audition than the rest of the labyrinth. The external and internal hair cells of Corti's organ are supposed to be the terminations of the auditory nerve. Corti's rods are not found in birds and reptiles, and consequently are not an essential part of the terminal apparatus." (Burnett's Op. Cit. page 91).

"The imprisoned nightingale will vary its natural song with such passages as please it from the songs of other birds which it has heard. Musical instruments or a melodious voice, excite and stimulate its talent; it tries to sing in unison, etc." (Robert Ball, Wonders and Acoustics, page 11). Lizards are also said to be remarkably alive to the influence of music." (Robert Ball, Op. Cit., page 38.)

In conclusion, on this point, I would remark: "Birds having no cochlea—the mocking bird, starling, and parrot, nevertheless hearing and repeating musical tones or human speech—why publicly denounce as impossible or as absurd the statement of competent observers that exfoliation of the cochlea may take place without entire loss of hearing.?

Respecting the otacoustic tests for the diagnosis of one-sided total deafness, the one mentioned by the essayist of the evening is not an infallible one; nor is it the best nor preferable one. There are others, such as the bone conduction test with the tuning fork, where the ear suspected of total deafness is left open first and then stopped, during contact with the tissues with the vibrating tuning fork. Another the moving of a vibrating tuning fork up and down, close to the meatus of the doubtful ear, where a vibration of tone will be perceived if hearing remains in the tested ear; and so on—an otologist, as a rule, not being satisfied until he has employed these and other tests for differentiating the hearing of the two ears, in cases of suspected total deafness of one side.

DR. S. POLLAK.—The patient was a girl 5 years of age, who had been sick since early childhood. When brought to the clinic, the ear stood out at right angles to the head, the mastoid region was enormously swollen, and there was constant pain. In the center of the

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swelling there was a small black speck, about the size of half a grain of wheat, and proved to be rough and hard and slightly moveable. It was grasped with a forceps and gradually dislodged until it was extracted in its entirety. An enormous hemorrhage followed. The specimen proved to be the whole bony part of the ear, and its removal left a cavity which looked like lined with velvet. The patient got well very fast and in less than four weeks everything was in good order, there was no facial paralysis. Patient has since grown to womanhood, and the defect is now hardly noticeable.

Of course, there is no hearing in that ear; speaker said it is absurd to speak of such a thing. You might just as well speak of seeing with an enucleated eye.

The most interesting feature was, that the specimen was presented to this society, and it did not even excite a discussion. It was next shown to a leading aurist of this city, who denied that it came from the ear at all. The specimen was sent to Dr. Knapp of New York who kept it, thanking the donor for it, and saying that so valuable a specimen should not remain in the west.

DR. MURRELL.—Cases of this character are of comparatively frequent occurrence. I have seen quite a number of cases of exfoliation of the bony part of the auditory apparatus, but none where the entire labyrinth came away in one piece. Where the whole labyrinth is exfoliated there cannot possibly be any hearing left, for that is the whole apparatus through which the function of hearing is obtained.

An important question to determine, is whether a person may hear after removal of the cochlea. If we look for a moment at the anatomy of the interior ear, we can hardly conceive how cochlea can be exfoliated and hearing remain in that ear. We know that the labyrinth consists of a bony and a membraneous portion, and that the labyrinthian structures are intimately connected, and communicate, the one through the other, with the vestibule and the semi-circular canals. It is almost impossible for us to sever one part without emptying the endolymph and perilymph, and destroying the usefulness of the organ entirely. Although, in a paper read by an eminent New York otologist, it is claimed that definite hearing remained after exfoliation of the cochlea, I think that it would be irremediably lost in an ear so affected.

DR. J. B. SHAPLEIGH.—Exfoliation of the cochlea is not so extremely rare, and the process is favored by the construction of the petrous portion of the temporal bone. The capsule of the labyrinth is firm and surrounds bony tissue of cancellated structure, so that the necrotic process can work around and dig out the capsule more or less completely.

I am inclined to think that hearing can remain after exfoliation of the cochlea, and base my opinion, in a measure, on a case seen in Prof. Gruber's clinic in Vienna. The test for hearing is a subjective one, and reliance must be placed upon the observations and statements of the patient; so that in a case like the one reported tonight, on account of the youth of the patient, it is extremely difficult to determine positively whether there is any perception of sound in the ear. Also, from the large destruction of other parts of the labyrinth as well as of the cochlea in this case, there must remain great doubt as to the ability to hear. In the case occurring in Prof. Gruber's clinic, the boy was 13 or 14 years old, and consequently more reliance could be placed on his observations and statements. The air conduction test was the one most relied upon, and the conclusion arrived at by all those who saw the case, was, that the boy could hear some with the diseased ear.

Another case, to which reference might be made, seems to indicate the possibility that sound can reach the brain by two different paths; thus offering a possible explanation of how hearing could remain after an exfoliation of the cochlea. The case was one in which musical sounds produced extensive reflex nervous phenomena, so that the circulation, respiration and even consciousness would be affected; whereas on hearing noises, no such phenomena occurred. The inference is, (and it is, of course, only a theory), that there is one path for regular musical sounds to reach the ear and another path by which non-musical sounds, or noises, are conducted. This theory may explain the possible retention of hearing power after exfoliation of the cochlea, on the supposition that the sound passes through some other medium than the cochlea.

DR. BARCLAY.—The question of how it is possible for hearing to persist after exfoliation of the cochlea, is not a difficult one to explain, if we lay aside, for a moment, the beautiful theory of Helmholtz, respecting sympathetic vibrations in the organ of Corti, and consider that of Rutherford, the "Telephone Theory of the Sense of Hearing." This latter theory is not without its advocates, notably Dr. Sexton of New York (Samuel Sexton, "The Ear and its Diseases," pages 54 to

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58.) who quotes at length from Rutherford's lectures before the British association, published in "The Lancet," of January 1, 1887. The theory was originally suggested by the phenomena of telephony and telegraphy, simple or multiple messages being transmitted over a single wire and reproduced, there being at the transmitter no apparatus for the analysis of sonorous vibrations. It was presumed that the auditory apparatus acts in a similar way: "That the cochlea does not act on the principle of sympathetic vibration, but that the hairs of all its auditory cells vibrate to every tone, just as the drum of the ear does; that there is no analysis of complex vibrations in the cochlea or elsewhere in the peripheral mechanism of the ear; that the hair cells transform sound-vibrations into nerve vibrations; that similar in frequency and amplitude to the sound vibrations; that simple and complex vibrations of nerve molecules arrive in the sensory cells of the brain, and there produce, not sound again, of course, but the sensations of sound, the nature of which depends, not on the stimulation of different sensory cells, but on the frequency, amplitude and form of vibrations coming into the cells, probably through all the fibres of the auditory nerve. Of such a theory the physical cause of harmony and discord is carried into the brain, and the mathematical principles of acoustics find an entrance into the obscure regions of consciousness."

In experimentation on this theory, Rutherford found that ten distinct induced electric impulses a second in the the motor nerve of a frog's leg, would produce each second ten distinct muscular contractions; but that forty such impulses a second would produce what appeared to be one continuous contraction. He discovered, however, that the muscle so stimulated generated an audible tone whose pitch was forty vibrations a second. He found that by sending 352 electric stimulations a second along the motor nerve of a rabbit, he could get from its corresponding muscle a tone of a pitch of 352 vibrations a second, or that of F in the lowest space of the treble clef, the same tone produced by the vibrating wings of a bumble-bee. In the honey bee the motor impulses cause the wings to vibrate and produce a tone two notes higher than that produced by the wings of the bumble-bee, or A of the treble clef, which represents 460 vibrations a second; thus demonstrating the fact that a high number of nervous impulses can be sent through a motor nerve. This being the fact for the motor nerve, would it not be reasonable to presume that the more highly organized nerve of special sensation, the auditory nerve, for example, can transmit with greater rapidity? Rutherford claims that this theory does away with certain difficulties insurmountable in Helmholtz's theory of sympathetic vibration in the organs of Corti in the cochlea.

DR. GOLDSTEIN.—In closing the discussion. A criticism has been passed as to the fallibility of the acoustic tests employed in this case. Every consideration was given the subject in selecting tests which could be most accurately applied. Prof. Urbantochitsch of Vienna cites the test of Dennert and Lucre as one used in Austrian medico-legal examinations, and as the most conclusive one for establishing a differentiation. Some conduction tests with the tuning fork were given but little consideration, as similar, aerial tests proved to be far more delicate.

It is certainly a difficult task to assume that hearing still remains in an ear from which so much that is vital to the organ has been lost. However, the patient is here—there is the exfoliated petrosa, with its beautiful cochlea, and, as far as can be determined by all tests at our disposal, and which you are at liberty to verify, the patient retains considerable of the sense of hearing of this, the affected ear.

The Growing Recognition of Railway Surgery—

It is not a little gratifying to notice how many of our contemporaries are devoting a department in their columns to railway surgery. Most of the contemporaries antagonized the National Association of Railway Surgeons bitterly at its inception the antagonism being chiefly based on the declaration that there was nothing in the work of the railway surgeon to justify its being regarded as a special branch of the science and art of surgery. A more graceful apology for their error or a far more complete recognition of the work which the National Association has achieved could hardly be given that that which is offered by these journals in the course which they are taking. Almost every month some new journal (and sometimes, as of late, two or three in the same month) announces the institution of the new department. And every body is welcome. A properly conducted departments of railway surgery must add to the interest of any journal; but meanwhile as the fountain head of all information on the subject, the columns of the Railway Surgeon are always at the disposal of everybody who wishes to draw upon them.—Railway Surgeon.

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Antiseptics.

By DR. E. M. GLESSNER, Wilcox, Nebraska.

READ BEFORE THE SOCIETY OF SURGEONS OF ST. JOSEPH & GRAND ISLAND, ST. JOSEPH, MO., FEB. 23, 1895.

IT would be a difficult matter to write an article on antiseptics without eulogizing the great French savant, Pasteur, the most interesting character who figures in modern medical progress today. Unlike so many great men, Pasteur, at the age of 73, still lives to enjoy the distinction given him, by his labors and discoveries. He it was who first made it possible for aseptic and antiseptic treatment to be applied to surgery, with all their brilliant results.

The work done by Pasteur is immense. In his investigations he touched upon the various branches of physical, natural and medical science; but what raised him to first rank were his studies on spontaneous generation, on lactic, tartaric and alcoholic fermentation. His essays on these subjects were published about 1866. In 1894 his immortal work on rabies, its prophylactic and curative treatment was published. In the meanwhile he had discovered the artificial attenuation of virus, and had applied this method to the preventive treatment of carbuncle and hen cholera. The medical and surgical section of the Academy of Science gave Pasteur a celebration on the 70th anniversary of his birth. He was heard to say on this occasion: "Imagine what hope possessed me when I first had a presentment that there were laws behind so many obscure phenomena." The first link of the chain was the discovery of animated germs. He showed that these germs were not spontaneously produced; that they people the atmosphere and the bodies that surround us. If by boiling or dry heating a solid or liquid body is rid of the germs it contains, it becomes sterilized, and remains sterile and unaltered as long as it is kept from the air; but as soon as air is brought in contact with it germs are developed and destroy its sterility. These germs come from the surrounding atmosphere. Pasteur proved the identity of the germs found in the air with the germs in the bodies experimented on. He proved these germs existed in the air, by sterilizing the air and then bringing it in contact with the sterilized bodies, with the result that the bodies regained the same. It is said that for more than 20 years there have been preserved at the Pasteur Institute, some of the flasks used in this wonderful experiment. The liquid they contain remains pure and limpid.

Spontaneous generation was exploded. Pasteur had established definitely the presence of the micro-organisms, over whose existence learned

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men had disputed for centuries. Today we all know these facts, and like the egg of Christopher Columbus (that no one could make stand on end), it is easy enough to understand after being shown how. By cultivating these germs, and liquids adapted to them, studying their development and biological conditions, and following their mode of life, Pasteur created in all its main features a new science, bacteriology. The result of this discovery was his theory of fermentation. He proved that organic putrefaction does not, as was believed, result from purely chemical action, but is determined by the intervention of living germs, by the development and life of inferior micro-organisms. After this we have Pasteur's experiments on wine, vinegar and beer, direct applications of the doctrine of living germs. Later his discovery of the attenuation of virus. He succeeded in artificially varying the virulence of these germs, increasing or diminishing it at will, then taking the attenuated virus and injecting it, he rendered the animal so treated refractory to the disease, thus finding in the very evil its own remedy. This discovery with its benefits was applied to carbuncle and hen cholera.

The logic of this method led him step by step to man himself. To Pasteur has reserved the glory of proving that in the human body also, living germs are the cause of transmissable and contagious diseases, and of applying to human ailments his theory of the attenuation of virus, thus preventing disease and even stopping it in its evolution when already at work in the human organism.

Medical science has been more largely benefited by these discoveries than any other science. A revolution has taken place in medicine, the scope of which can not be measured. By proving that the penetration and multiplication of living germs is the necessary cause of contagious diseases among human beings, Pasteur, at the same time, pointed out the remedy. Thanks to him, the physician can, by means of suitable antiseptics, fight micro-organisms, arrest their development, destroy them, and consequently cure the disease they had caused. If success does not always crown his efforts the reason of this is not in the method, but in the facts that for each microbe must be found an antiseptic that most quickly and certainly destroys it; that it is not always easy to have the remedy reach the seat of the disease; that in the endeavor to destroy the microbe care must be taken not to destroy the patient, for in a human body things can not be done as in experiment, therefore, there are still considerations, uncertainties, failures. The perfecting of the method must still be left to the future. Bacteriological science is still in its infancy, but the results obtained are full of encouragement. It is due to this method that the con-

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tagion of infectious diseases can today be averted. Isolation and disinfection will accomplish this. Epidemic plagues can be checked in their march of terror and stamped out in the place of their origin. The terrible epidemics that have so often devastated cities and countries, and driven people terror stricken from their homes may, in the near future, be blotted out. By the application of this method through a system of quarantining, whole countries, continents, have been protected against dreaded epidemics. The terrible complications caused by erysipelas, septicemia, purulent infection in our large hospitals is a thing of the past. Obstetrics especially, in hospitals, has been reformed; now we no longer hear of the innumerable cases of puerperal infections.

Lister, the famous English surgeon, was the first to make application of these principals to surgery; he was the first to apply to surgery the germ theory, to dress wounds with antiseptic applications, the first to praise and recommend asepsis and antisepsis.

At the present time Drs. Behring and Roux (after the same method almost, that Pasteur used in curing rabies), are perfecting a process for curing diphtheria by the injection of antitoxine. In fact, it is now a success. And now as I stop to reflect, while believing in these theories, I wonder how many of us can, in a general practice, carry out the rules and regulations of a thoroughly antiseptic treatment. We attempt to, but do we carry it out? Take, for instance, a compound fracture, occurring in a railroad injury, with grease, clothing and dirt crushed into skin, muscle and bone, points of bone denuded of their periosteum, etc., you cannot wash this off; you must pick it off, cut it off, use your strong antiseptics to make it aseptic. Perhaps you get it aseptic; perhaps you do not. Your result may be good. That does not necessarily argue that your sublimated washes, etc., have procured this result. In every case we all know that nature throws out a serum over this crushed surface, that acts aseptically, and protects it as if coated with collodion. It has at least taught us cleanliness, which is next to godliness, and we now wash our hands and clean our finger nails before an obstetrical case, as well as after. If it is true that our surrounding medium (the air) contains the infecting material (the germ) how many thousand do you think one of our Nebraska palaces (a sod house) would contain, with walls and surroundings that it would be well nigh impossible to sterilize. How many of us have greasy colleages in the country who, I am sure, never made an attempt to be aseptic since they left the protecting care of a godlike mother. Understand me, I do not discourage the attempts to do all one can in this direction, but I am reflecting and thinking how impossible it is to enforce, in a general practice, these methods. Many a

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time are we called to places where four days of fumigation and ten hours scrubbing would not begin to put things in an aseptic condition. And I sometimes think, too, that matters are carried to an extreme, for instance, when the Philadelphia County Medical Society, of Pennsylvania, passed resolutions recommending the adoption by churches, of the individual communion cup, as a prophylactic measure against the transmission of contagious diseases. I also, am almost afraid to drink milk for fear I contract tuberculosis from the tubercle bacillus that may be in the milk derived from the cow; then, again, I think mucus has microbicide properties which is capable of destroying all kinds of microbes. Also the nasal mucus is a germ destroyer, and when that milk reaches my stomach I am again protected. The gastric juice, which is an antiseptic fluid and a germ destroyer, (which will remain unchanged for months, exposed to air) will stand as a sentinel against disease. Nature in all lavishness, has protected us; we are fearfully and wonderfully made, and if you, my dear doctors, will stop to think, there is not a single inlet or outlet of the body that is not protected by antiseptic secretions or excretions, and maybe they do more for us than all our boasted knowledge. And that brings to my mind a story entitled, "What are we coming to:"

Public school A. D. 1905: Teacher, to applicant for admission, Johnny, have you got a certificate of vaccination for small-pox? Yes, sir. Have you been innoculated for croup? Yes, sir. Been treated with diphtheria serum? Yes, sir. Had your arm scratched with cholera bacilli? Yes, sir. Have you a written guarantee that you are proof against whooping cough, measles, mumps, scarlet fever and old age? Yes, sir. Have you your own private drinking cup? Yes, sir. Do you promise not to exchange sponges with the boy next to you and never use any but your own pencil? Yes, sir. Will you agree to have your books fumigated with sulphur, and sprinkle your clothes with chloride of lime once a week? Yes, sir. Johnny you have met the first requirements of the modern sanitarians, and you may now climb over yonder rail, occupy an isolated aluminum seat, and begin making p's and q's as your first lesson.

This story only tends to show apt doctors are to ride a hobby, and like other people run after a fad. Hoping I have not grown tiresome, I will read you a few verses, and close.

The R. R. surgeons of the G. I. and St. Joe
Have formed a society, which they propose to make go.
They meet in conclave, about twice in the year,
To let each other their wise papers hear.

Perhaps there is more than this they meet for,
A desire for knowledge may knock at the door,
Humanity, I guess is at the bottom of this,
To give our poor patients a chance for less risk.

Here we meet brimful of medical lore,
And rant and cant till we almost slop o'er,
Our minds are abused and disabused
Of too many old methods, and the drugs we've used.

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As to our homes once more we speed
Our minds are full of the unknown deeds,
We'll perform on the fellows who break their heads
Making their living over these roadbeds.

We continue to think how it is
We're down here on this kind of a whiz,
Who's made it possible for us, in high dudgeon
To be wearing the title of Railroad Surgeon.

E. S. Garner, our manly young chief,
Has not been unmindful or even deaf,
Of the fast advances of the present day
He is right in the push on the broad highway.

He has made it possible for the car break twister
To have his wounds dressed according to Lister.
Here's success to our revered young boss,
Who thinks, my dear boys, on your backs you'll find moss.

Chloral Hydrate.

DR. W. R. PENNINGTON, M. D., BEATTIE, KANSAS.

READ BEFORE THE SOCIETY OF SURGEONS OF THE ST. JOSEPH & GRAND ISLAND RAILROAD, ST. JOSEPH, MO., FEBRUARY 21ST, 1895.

GENTLEMEN:—My reason for selecting this article for my subject today is that there is so little said through the medical journals about it. Though discovered over forty years ago, this compound has but recently attained attention as an anesthetic agent, having been first brought before the Medical Society in Berlin, in the year 1869, by Dr. Lubrich, of that city.

It results from the action of chlorine on alcohol, the latter of which gives up five of its six equivalents of hydrogen to the former, producing five equivalents of muriatic acid and combines in their place with three equivalents of chlorine to form the substance in question.

It has been inferred by Dr. Lubrich that when taken into the circulation where it meets with soda, it undergoes decomposition, one of the results of which is the formation of chloroform, so that it is not the chloral itself, but the chloroform which really operates, and the fact is that the symptoms following the exhibition of chloral are similar to those which characterize the action of chloroform.

In the *Medical Century* of September, 1869, is an account of a case of delirium tremens treated by giving chloral in full doses, after morphia and other narcotics had failed.

About 70 grains was given by the stomach, dissolved in water, and in 25 minutes afterwards another gramme was administered; in 5 minutes the patient went to sleep.

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So pure chloral readily undergoes decomposition, the comparative stable hydrate is the form in which the medicine is best kept for use.

From the above statement it would appear that we have at least an excellent anodyne and soporific equal in this respect to chloroform, without the unpleasant and often inconvenient local irritation produced by that remedy.

Chloral hydrate is an antiseptic and sedative, although slight irritation may occur at first.

All agents having an alkaline reaction are incompatible.

The quantity of chloral necessary to produce sleep without dangerous symptoms ranges from 10 to 50 grains, and the duration of the effects varies in different subjects, from two to eight hours.

When a dangerous or lethal dose is taken, profound narcotism will follow; respiration, irregular sensibility, and the reflex movements will be abolished and complete muscular relaxation will ensue.

A great many physicians take the view that chloral is merely a hypnotic.

Chloral applied to the skin in eruptive diseases in from 10 to 15 grains to the ounce of glycerine will allay the irritation.

For ulcerated sore throat or irritation of the mucus surface, from any cause, you will find chloral an excellent gargle, and as a hypnotic you are all aware it has no equal.

We very often, when we desire the hypnotic effect of chloral, add a small quanty of morphia to our prescription.

As a Painless Laxative and superior nerve tonic "Melachol" is in the front rank of all similar preparations. The corrective properties of sodium phosphate for deficient and perverted secretions is well known, and its combination with citric acid and sodium nitrate in aromatic elixir will increase its value in all cases of chronic constipation, chronic malaria as a rule accompanied by catarrhal disturbances of the bile duct. Many a chronic headache will be cured by one dose of "Melachol" where other remedies have been worthless. "Melachol" has a soothing effect upon an irritable nervous system so often complicated with chronic uterine diseases. In melancholia due to chronic dyspepsia it is *the* remedy par excellence.

Surgery 200 Years Ago.—This is the title of a charming little brochure which has just been issued by the Antikamnia Chemical Co., of St. Louis. The work is filled with reproductions of engravings taken from ancient surgical works, and gives an idea of the crude condition of surgical pract ice when our great-grandfathers were boys.

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Some Errors in Ophthalmology.

By BARTON PITTS, M. D., St. Joseph, Mo.

Professor of Ophthalmology and Otology Ensworth Medical College; Oculist of the Union Pacific Railroad, St. Joseph, Mo.

READ BEFORE THE SOCIETY OF SURGEONS OF THE ST. JOSEPH & GRAND ISLAND RAILROAD, ST. JOSEPH, MO., AND BEFORE THE ST. JOSEPH ACADEMY OF MEDICINE.

THERE is no branch of knowledge so shrouded in mystery and superstition and fanciful theories as is the art of medicine. Not only is this true as to popular understanding, but exists, unfortunately, to a very large extent amongst the teachers and practitioners of the profession. While there has undoubtedly been a very great advancement in the science of medicine in late years, particularly in the line of etiology, hygiene, and the prevention of diseases, yet medicine is far from being upon a scientific basis. The crudest notions and axioms are accepted unquestioned; often with nothing to recommend them except the veneration of authority and the sanctity of age. It is much easier to imbue the unoccupied mind with belief than to disabuse it of error, once grounded. I shall call your attention briefly to what I deem some of the errors in ophthalmology. In considering the subject of cataract of the eye the belief is prevalent, not only amongst the laity, but in the profession, and, to a large extent, in the ophthalmological branch of it likewise, that a cataract should not be operated upon unless "ripe." What is meant to signify by being "ripe" is that the lens is thoroughly opaque, and supposedly, therefore, in a more favorable physical condition for extraction. This idea has prevailed ever since cataracts were extracted, and from the fact that those so affected are usually unwilling to undergo operative measures until vision is lost, by the lens becoming fully opaque or "ripe," the forced necessity of waiting, has probably given rise to the belief that it affords a most favorable opportunity for removal—such however, I do not believe to be a fact. In operating upon fresh eyes of animals (preferably upon young pigs), for experimental purposes, the lens can be extracted en-masse, and with a perfectly clear capsule remaining. Of course, operations for removal of the clear lens from the human eye are not available. I have, however, in an experience of some two hundred cataract extractions, extending over a period of ten years, become fully convinced that the earlier a cataractous lens is extracted the more favorable the conditions are for a successful result. The process of ripening is not a hardening process, but a disintegrating process, and

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particularly so as to the cortex of the lens, and is usually attended by deposits upon, and thickening of the lens capsule.

In very long standing cases of cataract there is often a friable, diseased condition of the iris, either consequent upon or associated with the diseased condition of the lens. I would not insist upon an early removal of a partially cataractous lens in which there was useful vision present; not, however, on account of the lens being in an unfavorable condition for successful removal, but on account of unwillingness to deprive the patient, prematurely, of a useful function. There are many cases, however, where cataract exists in both eyes, often more advanced in the one than in the other, in which relief from impending blindness is sought. In such cases I much prefer an early removal of the more advanced lens to waiting for the so-called "ripening" process of Nature. In the operation of the extraction of the lens there are so many factors involved that it would be impossible to say, in any individual case, that it would or would not have been easier of performance had the operation been undertaken at some other time. It is only after extensive and unbiased observation that I have become firmly convinced that the earlier a cataract is removed the more favorable the chances are for a successful result. In cases of injury of the eye, involving loss of sight, particularly if there is a foreign body remaining, it is an error to believe that it is better to save the eye-ball even if vision be lost. In such cases there is often a painful stump retained, and by sympathetic ophthalmia the remaining eye is jeopardized. In all cases of destruction of vision from injury with loss of the appearance of the eye-ball, it is best to remove the stump. Generally speaking, in most cases of loss of vision, with the presence of a foreign body, it is best to remove the remaining globe. In cases of strabismus or cross eye it is an error to think that children will outgrow the defect with the lapse of time. There have doubtless been cases of strabismus dependent, for the underlying cause, upon muscular asthenopia, or nervous inco-ordination, which have been outgrown without medical or surgical assistance. In the majority of cases the want of parallelism of the eye is purely symptomatic, and should be so considered, and treated accordingly. If the squint be not fixed or constant, and of not too marked a degree, cessation from near work should be enjoined and the periodical instillation of atropia be instituted, and correcting glasses be adjusted, if the patient be of sufficient age to wear them.

If the squint be well established and not amenable to the foregoing measures of relief, the sooner tenotomy of the predominating muscle and, if necessary, advancement of the corresponding muscle, is performed the better. By the early adoption of such measures the patient is relieved of the estab-

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lishment of an unsightly deformity, and in many cases preservation of normal vision is obtained, which otherwise would be lost from non-use. There are many cases of strabismus, however, in which defective vision in the squinting eye is the cause and not the result of the squint. In cases of defective co-ordination and want of equilibrium of the muscles of the eye-ball, including the recti and oblique muscles, and elaborated so extensively of late years, into a nomenclature of all kinds of "isms" and "phorias," and supposedly the causative factor, in a multitude of diseases, from epilepsy to Bright's disease of the kidneys, tumors, inflammations, etc., I have only to say that such extravagancies are extremely detrimental in respect to the intelligence of the profession and harmful to the public.

Recently a case came under my observation of a gentleman with whose eyes I have been familiar for the past eight years. At about the age of forty-two he was fitted by me, with reading glasses, and twice since has had them changed. The vision remained normal and comfortable all through life, although following a professional occupation requiring exceptional application to near work. Several months ago he developed what was reported to be a mild stroke of apoplexy, with vertigo, loss of memory, etc.; and was in a marked state of physical and mental debility. Owing to his unsteadiness in locomotion and other suggestive symptoms, his medical adviser in New York referred him to an oculist, the leading exponent of the century, of muscular tenotomies of the eye, for all ailments of the body and mind. Of course there was hyperphoria present; and tenotomy advised and performed for relief of the vertigo and other head symptoms. An annoying artificial external strabismus was developed, and for relief of this condition advancement of the cut muscle was instituted; relief not being obtained, further comfort in the way of a division of the superior recti muscles was proposed, but I believe declined, with thanks. The outcome of the case I am not in a position to state at present, but I saw a communication from the patient, in which great disgust was expressed at such methods. I have in my possession two letters from a St. Louis ophthalmologist of high repute, deploring the untoward results of such surgery, mentioning three cases coming under his notice in the past year from the hands of a local oculist of this town.

There is scarcely an individual in whom there is not either permanently or temporarily some want of perfect and equal balance of the recti or oblique muscles of the eye, and there are many cases of asthenopia of the eye muscles, particularly in defective fraction, but that these cases are causative of epilepsy, vertigo, Bright's disease, lid tumors, etc., and are remediable by tenotomy, I do not believe. Where there is no squint or

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loss of parallelism of the eyes, or other manifest local trouble present I think it is an error to sever the attachments of the eye muscles. The statements of over-enthusiastic and often mercenary operators go for nothing with me; not even when corroborated by confiding, hysterical and deluded subjects; such methods and results belong, I think, in the category of the "Christian Science" faith cure almanacs. Upon the subject of the correction of defective vision by lenses, I think very extensive errors prevail in the profession and amongst the public. There are many cases of impaired eye-sight due to diseases unrecognized by incompetent examiners, in which glasses are prescribed and worn at the expense of valuable time and treatment. The importance of an accurate adjustment of lenses to the focus of the eye is such that unless properly supervised, discomfort and harm often ensues. There is, however, in this field, as well as in the field of muscular inequalities, an over refinement which borders upon the ridiculous. There are few cases in which there can not be discovered low grades of defective refraction, and there have been many such cases come under my observation, in which correcting glasses of such an infinitesimal focussing power, that I can but believe their helpful effect is fanciful. In considering subjects embracing body and mental ailments it should be borne in mind that it is easier to establish plausible theories as to causes and treatment than it is to undo them.

Credulity has ever been a weakness of the human mind, and perhaps will always be, and in attempting to disabuse error one is liable to be thought hypercritical and dogmatic. I have not attempted an exhaustive consideration of the above subjects, but only to call your attention to them and to place them in the light that practical experience and observation suggests.

613 Francis Street.

Headquarters for the Tri-State Medical Society.—The elegant Planters' Hotel has been chosen as the headquarters of the coming meeting of the Tri-State Medical Society. The sessions will be held in the ladies' ordinary, which is large enough to seat several hundred. Committee rooms are adjoining. The management of this celebrated hotel will make unusual efforts to please the visiting doctors. Rates on American plan: When two persons occupy the same room, $3.00 per day each. On single rooms a reduction of 50 cents per day will made on all rooms from $4.00 per day and upwards. This will enable them to give a room with bath for $4.00 per day. When two persons occupy a room with bath the rate will be $3.50 per day and upwards. European plan $1.50 per day and upwards.

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DEPARTMENTS

PEDIATRICS.

IN CHARGE OF HUBERT WORK, M. D., PUEBLO, COL.

President of the Colorado State Medical Society; Ex-Member Colorado State Board of Medical Examiners
Physician in Chief to the Pueblo Children's Home, and to the Children's
Department Pueblo Hospital.

Hyoscyamine in Retention of Urine.—Two years ago I attended a very severe case of typhoid fever in a patient twelve years of age, in which I was confronted with retention of urine. To have applied the usual treatment (catheterization) would have required an anesthetic or strapping down. In my dilemma I thought of the relaxing effect of hyoscyamine, and so gave every fifteen minutes until the desired effect was induced. I have since tried it in a number of cases, and though it requires four or five doses I never failed to relieve the patient.—*Fretz, in Medical World.*

For Croup.—Two drops of fluid extract Jaborandi every hour will be found to afford material benefit. It is especially indicated in those susceptible to hoarse cough suggestive of croup, on every change of the weather.

Infantile Therapeutics.—Luzet (*British Med. Jour.*) gives a critical review based on the work of Legendre and Broca. The special points really consist in the phases of development in the infant, in the special feature of disease which here proceeds rapidly towards aggravation or recovery, and in the physiological peculiarities of more active metabolism, or more rapid absorption and circulation, of intact emunctories, and of a more impressionable nervous system. In regard to feeding, the regular increase in weight must be depended upon. A tuberculous nurse must not be employed, for if bacilli do not pass out with the milk, toxines can; in addition, the milk is less rich in fat and caseine. Overfeeding the nurse must be avoided. Of course artificial feeding is only a method of necessity. The therapeutic bath is used to reduce temperature; the bath is then gradually cooled from 2 degrees F. below the child's temperature to 80 degrees F.; it is useful in enteric fever, severe scarlet fever and cerebral rheumatism. The bath with increasing temperature, is of value in collapse, such as occurs in diarrhea; it may also be a vehicle for certain medicaments. More strictly therapeutic measures are then discussed in the following order:

1. Evacuating medicines. The stomach tube is very useful, as well as intestinal injections and emetics. Apomorphine is dangerous.

2. Promotion of excretions. The best diuretic is water. Large rectal injections of cold water constitute a good method of inducing diuresis. In uremia, icterus, and all intoxications, large injections are useful. Cold baths are also of service in increasing renal excretions. Digitalis is well borne by children. Diaphoresis is best obtained by physical agents—heat, wet sheets, hot drinks. Diuresis is more efficient than diaphoresis.

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3. Sleep should never be interrupted in disease, with very few exceptions. It may, at times, be necessary to induce sleep. This may sometimes be done by removing something which interferes with sleep. Physical agents are again the best means, such as tepid baths, etc. Opium requires caution; chloral is useful; bromides and antipyrine may be of service.

4. Fever is controlled by external agents, baths, etc. Quinine, antipyrine, and sodium salicylate may be useful adjuncts.

5. Food is the best tonic. Alcohol is the best stimulant.

9. Antiseptic medication plays a very important part in infantile therapeutics. Carbolic acid in any form must be avoided. The mouth should be cleansed with alkaline lotions. Glycerine is a good non-fermentable medium. Antisepsis of the stomach may be procured by washing it out, and, together with the intestine by the use of bismuth salicylate, salol, etc. Calomel is a powerful intestinal antiseptic. Antisepsis of the large intestine is obtained by means of irrigations containing naphthol, etc. It is indicated in typhlitis, appendicitis, membranous colitis, etc.

Acute and Chronic Urticaria.—Dr. R. Abrahams (*Med. Rec.*, N. Y., 1894, xlvi, 342) advocates the use of hydrochlorate of pilocarpine. For a child one year old the dose is from one-twentieth to an eighth of a grain in distilled water every evening at bed-time. For a child from two to three years old, the dose is from one-fifteenth to one one-sixth of a grain. By administering tae alkaloid gradually, feeling one's way as it were, no untoward action should be anticipated.

What is the Duty of the State and of Medicine as Rfgards the Congenital Idiot, the Hopelessly Insane, etc.?—This is a question that presses more and more upon our attention. Some two thousand years ago Plato praised the physician who should refuse to lengthen their lives. In a recent paper read before the University Extension Classes at Oxford, England, our esteemed colleague, Dr. Billings, has also asked why we should expend time and money to prolong these lives. Dr. Billings hazards no answer to to the question, but its mere asking implies that, economically at least, there is but one answer. But the economic aspect is by no means the only one. Leaving aside sentiment and religion, we may consider it simply scientifically. The idiot and the insane may be considered as scientific problems. However impossible the solution just now, the presence of these problems, the existence of the beings themselves, keeps before the mind the everlasting interrogation. We would only put the problem out of sight, not answer it, by killing the problem-maker.—*Med. News.*

Large Dose of Sulphonal for a Child.—(Hill, in *Med. Rec.*)—The child was eighteen months old, and had taken 34 grains of sulphonal in a little over six hours. The child was apparently unconscious, pupils contracted, breathing shallow but regular, pulse 120. The case ended in complete recovery. There was one very apparent peculiarity, viz: ptosis of both eyes, which continued for four days and was very marked.

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LARYNGOLOGY AND OTOLOGY.

IN CHARGE OF WILBUR W. BULETTE, M. D., PUEBLO, COL.

Laryngologist and Otologist to Pueblo Hospital; to Pueblo Children's Home; Member American Medical Association; Colorodo State Medical Society; Pueblo County Medical Society; Honorary Member Philadelphia County and Northern Medical Societies, Philadelphia, etc.

Membranous Croup.—Woodburn, (*Jour. of Amer. Med. Asso.*) in an article on this subject, concluds as follows: 1. That there are two forms of membranous laryngitis; one a true diphtheria, produced by the Klebs-Loeffler bacillus, and the other non-contagious membranous laryngitis, produced, if you please, by streptococci, staphylocci, etc., and that both of these types are verp fatal. 2. That membranous croup, as we have heretofore understood it, is a disease of much less frequency than was formerly supposed. 3. That it being impracticable to make a bacteriological examination of the membrane in many cases, and as this is the only method by which we may be absolutely positive of our diagnosis, the same precautionary measures should be taken to prevent a possible spread of the disease as would be adopted in a case known to be diphtheria. Those who believe that a non-contagious membranous croup does not exist, will hardly be favorably impressed with the idea of guarding the house, isolating the child, and causing any other children who may be members of the family to remain from school several weeks, but in the light of our present knowledge upon the subject, it is the only safe method to pursue, unless a careful microscopic examination by a competent bacteriologist has demonstrated the absence of the Klebs-Loeffler bacillus.

Pathogenesis of Diphtheria.—Th. Escherich (*Wien. Klin. Wochenschr.*) says that the investigations made in the last few years have demonstrated the fact that the characteristic bacteria alone, found in certain diseases, are by no means always sufficient to cause that disease, but that certain other points must come into consideration. For diphtheria, he believes the following points to be of great importance for the pathogenesis of the affection. 1. In the production of the diphtheritic affection, the presence of a specific susceptibility of the organ to be affected, is necessary, besides the bacillus, and the possibility of its invasion. 2. The effect of the local and general disposition being secondary, the greater or less degree of virulence of the bacillus will determine the course of the individual affection. 3. Other, even sophrophytic bacteria and their chemical products may be of influence in the extent and clinical course of the disease. The cure of the disease is effected by the making immune of the diseased organ, so that the previously present disposition can be removed, or even changed to the opposite. The immunity, however, is of short duration, and cannot guard against a second attack, though the latter is, as a general rule, light.

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Our Book Table.

DOSE-BOOK AND MANUAL OF PRESCRIPTION, with a List of Official Drugs and Preparations, and also many of the Newer Remedies with their doses; By E. Q. Thornton, M. D., Ph. G., of the Jefferson Medical College, Philadelphia. W. B. Saunders, Publisher of the New Aid Series, pp. 334. 1895.

We can cordially commend this book. It embraces every thing a physician desires in such a work. Every medical student should have it; and the great majority of practitioners will find it very useful. A new feature in such books which the author has presented, many practitioners who write prescriptions, and have not studied Latin, may not fully appreciate, but they will find it instructive. This part of the book may be studied with profit by all such.

NOTES ON THE NEWER REMEDIES; Their Therapeutical Applications and Modes of Administration; By David Cerna, M. D., Ph. D., Demonstrator and Lecturer on Experimental Therapeutics in the University of Pennsylvania. Pp. 253; price, cloth, $1.25. W. B. Saunders, Publisher, Philadelphia.

This is the second edition of this work. The interval of two years offered the author the opportunity to revise his book and add such matters as the two years had brought out. It is difficult to keep pace with the synthetical remedies that monthly make their appearance. In this book the author has considered the most important; so that the physician has in it a newer materia medica limited almost to the synthetical products. It is a book that every physician ought to have.

THE PHYSICIAN'S VADE MECUM; Being a Hand-Book of Medical and Surgical Reference, with other Useful Information and Tables; By Sebastian J. Winner, M. A., M. D., with Additions by Frank S. Parsons, M. D., Editor *Times and Register*. Philadelphia: Medical Publishing Co., 718 Betz Building, Publishers. 1894. Pp. 483. Price, $1.00.

Looking at the contents of this little volume and the range of subjects which they embrace, we might entitle it *omnia in uno;* more than *multum in parvo*. We may almost say that nothing is omitted that is of immediate and practical interest. We can cordially commend it to every beginner in medicine, and to the general practitioner also, as something he will often find very useful.

TWENTIETH CENTURY PRACTICE.

This is the title of an international encyclopedia of modern medical science to be issued by Messrs. Wm. Wood & Co., of New York. It will be issued in twenty octavo volumes—one every three months—the whole being completed by the year 1900, beginning July, 1895. Price, $5 per volume. Send to them for full prospectus of this great work.

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THE MEDICAL HERALD

A PRACTICAL MONTHLY JOURNAL OF THE MEDICAL SCIENCES.

HIRAM CHRISTOPHER, M. D., Editor.

ASSOCIATE EDITORS: JACOB GEIGER, M. D., SURGERY; J. W. HEDDENS, M.D., PATHOLOGY

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EDITORIAL

RELIGION AND SCIENCE.

Following is the full text of the measure now before the New Hampshire Legislature to govern and regulate fraudulent medical practice and the so-called Christian Science or faith cures: (*Medical Record*)

SECTION 1. No person within the limits of this State shall treat, attempt to heal or cure any other person or persons by the so-called Christian Science or faith cures.

SEC. 2. If any person shall treat, attempt to heal or cure, or claim or pretend to heal or cure any other person or persons by either of said methods, and shall directly or indirectly accept or receive any money or other thing in payment for or on account of such services, or directly or indirectly accept or receive any gift or reward therefor in any form, such person so offending against the provisions of this act by so accepting or receiving such money, gift, reward, or other thing, shall be fined a sum not exceeding three hundred doliars ($300) for each and every offence, and half of such amount to be given to the complainant, and the other half to the State.

SEC. 3. This act shall take effect upon its passage.

There is no conflict between things that do not touch on common ground. Religion is based on revelation; science, on facts discovered and arranged by men. The one pertains to the spirit of man; the other, to his animal organism. If the science be that of medicine it pertains to the relief of the body from morbid processes, states, or conditions. Religion has direct reference to man's spiritual needs and ailments. The Christian religion does not invade the domain of science, nor does science invade the

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domain of religion. The two things are too distinct to be mixed as respects one and the same thing. The cure of disease or organic imperfections by divine power is not an invasion into the domain of medicine. When a miracle-working power cures disease by an effort of will, and this alone, the deed lies above and outside of the domain of science.

These things being incontrovertibly true, the State can have nothing to do with any so-called Christian Science that may essay to cure disease by religious means or processes. It cannot recognize any such means as any part of the remedial art or science, nor can it permit such so-called science to enter the domain of a science that has for its object the relief of morbid afflictions of its citizens. The State cannot object to men or women praying to God in behalf of the sick, but it can and ought to forbid that as sole means or pretense of a means for the cure of disease. The Miracle Worker has not authorized any man or woman to expect or hope that he will set aside the physician whom He has providentially ordained for this work, to take the case into his own hands at the instance of any man or woman, however pious or godly he or she may be. He has not made prayer a remedial ordinance, as far as we know. "The prayer of a righteous man availeth much," and if every physician were a righteous man it might be that oftentimes he would find that the statement was true in a particular case. He may *aid*, and possibly does so oftentimes, but he does not supersede the physician. Hence, the so-called Christian Science is not only a misnomer, but well nigh a blasphemy; a deceptive and injurious thing which the State ought to positively forbid, as an outrage on both religion, science and common sense.

DR. ERNST FINGER,

the subject of our cover illustration, was born at Prague, in 1856. Having completed his medical studies in Prague and Vienna, 1878, he was appointed assistant in the clinics of Hebra and Kaposi; later, in the clinics of syphilology and venereal diseases of Zeissl and Neumann. In 1885 he was made Docent of Syphilography and Dermatology in the General Hospital. In his numerous contributions to the literature of andrology the most typical and gratifying characteristics have been independence and originality of thought and teachings. His work on "Blenorrhea of the Sexual Organs" stands today, the best work on the subject as yet written in any language. He has developed the "double-glass urine test" to a degree of practicability and accuracy that has won for him the greatest reward of all lovers of scientific diagnosis and rational treatment. Few American medical pilgrims to Vienna fail to attend his clinics, attracted not only by the practical and useful information there to be gained, but also by the gentility and affability of the universally esteemed teacher.

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THE ENSWORTH COMMENCEMENT.

This Institution held its Eighteenth Annual Commencement on the 14th inst. in the Music Hall of the Y. M. C. A. building. A large audience honored the occasion. Dr. Willis P. King, of Kansas City, was the chief speaker and gave a very entertaining address. Dr. King is no obscure person in the profession nor in the State. He has, indeed, a national reputation both as a surgeon and a physician, and as the author of "The Country Doctor." Any one who has not read that book has missed a great treat, and one of the best cures for indigestion, hypochondria *et omne genus* that is to be had. It is not a drug in the market nor in the shops, but a a psychical remedy of the first class. The audience discovered something of what the doctor is capable in the address which he delivered, on the special invitation of the faculty.

The Class Valedictory was delivered by George E. Eye, of Robinson, Kansas, and was creditable to himself and the school. There were thirteen graduates, all young men whose abilities and attainments warrant the belief that they will, in time, make their mark wherever they may cast their lot: David C. Adams, Alva A. Archer, Charles F. Byrd, George D. Crothers, George E. Eye, Perry P. Fulkerson, Joseph H. Grable, Walter J. Hansen, Wm. T. Little, John Mayer, Charles Ott, W. F. Schmidt, Wade Sperry and Edgar A. Hanna.

THE ALUMNI BANQUET.

After the exercises were concluded, the graduates and their friends were tendered a banquet by the faculty at the Furst Cafe, where the good things were disposed of with a relish, The toasts were appropriate to the occasion, and the responses showed the good feeling that prevailed.

SOCIETY OF THE SURGEONS OF THE ST. JOSEPH & GRAND ISLAND RAILROAD.

The Society met at St. Joseph, Mo., February 21st, 1895, with a good attendance. The following papers were read and discussed:

Some Errors in Ophthalmology, Barton Pitts, St. Joseph, Mo.; Chloral Hydrate, W. R. Pennington, Beattie, Kansas; Rupture of the Diaphragm; Report of Two Cases, E. S. Garner, St. Joseph, Mo.; Enlarged Prostate in Railroad Men, S. Murdock, Oneida, Kansas; A Board of Medical Examiners vs. "The Diploma Law," Daniel Morton, St. Joseph, Mo.; Antiseptics, E. M. Glessner, Wilcox, Neb.

All these papers elicited a good discussion. The following resolutions were unanimously adopted:

Resolved, That it is the sense of this society that the present unsatisfactory status of the medical profession in the states of Missouri, Kansas and Nebraska demand the earnest consideration of all thinking physicians, and all friends of humanity.

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Resolved, That in our opinion the Board of Medical Examiners properly constructed, offers at present the best solution to the correction of the evil of permitting incompetent men to practice medicine.

Resolved, That each member of this society is earnestly requested to use every influence to bring about the creation of such a Board in the above named states.

The next meeting of the society will be held at St. Joseph in July.

THE MISSOURI STATE MEDICAL SOCIETY.

This society will begin a three days' session at Hannibal on May 21st. The President, Dr. J. M. Richmond, of St. Joseph, Mo., has been at work for many weeks upon the programme, and it will appear in an early issue of THE HERALD. Hannibal is accessible to a majority of the profession, and the meeting should be well attended. It is to be hoped that the mistake of last year will never again be repeated, viz: to select such an out-of-the-way place as Lebanon. One or two errors of this kind will destroy the best organized society. A summer resort is an ideal meeting place, but it should be centrally located and easy of access from all parts of the State. Northwestern Missouri should send a strong delegation. We urge our readers to attend and enjoy not only the scientific but the social features of the occasion. Following is a copy of a circular received from the committee:

MEDICAL ASSOCIATION OF MISSOURI.

The thirty-eighth annual session of the Medical Association of Missouri will be held in Hannibal, commencing Tuesday, May 21st, and continuing three days. In order that the programme may be arranged and printed and distributed throughout the State a week or ten says before the meeting, we ask and insist that you send the title of your paper to John H. Duncan, Room 409 Union Trust Building, St. Louis, Mo., on or before May 1st, 1895. Those who desire to read papers will bear in mind that the title of their paper must accompany the name of the essayist, and that they must be in the hands of the committee on or before May 1st in order to get a place upon the programme.

J. C. MULHALL
A. L. FULTON
J. H. DUNCAN
} Committee on Scientific Communication.

MISSOURI TAKES THE LEAD.

The present Legislature has made itself renowned for wisdom and scientific knowledge by recognizing that nondescript, so-called Osteopathy, as a branch of the healing art. Henceforth, what folly may not be expected from that august body?

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SOCIETY GATHERINGS

THE SAINT JOSEPH ACADEMY OF MEDICINE.

Session of Monday Evening, February 12, 1895.

Stenographically Reported for The Herald.

DR. P. I. LEONARD presented a paper entitled, "The Preservation of Sight and Hearing, with Special Reference to the Eyes of School Children."—(See original department.)

DR. BARTON PITTS.—There is nothing that the doctor has said and that very forcibly with which I do not agree I think the subject is one of the most important, not only in the medical profession in general, and the oculist in particular, but in regard to society at large. As the doctor has said there are a great many who wear glasses who do not need them, to whom they are a detriment. Often it is a matter of fancy; and I am sorry to say that in many cases they are prescribed as a matter of imposition.

In speaking upon the subject of prevention of eye diseases, I think the doctor has overlooked a very important subject, and one that particularly applies to school children, and that is the avoidance of contagious eye diseases; particularly the form usually known as "granulated lids." There are simple forms of conjunctivitis, often transmitted by school children, which are not so serious.

Granulated lids is, I think, one of the scourges of the earth. It exists to an almost alarming extent, not only in this country, but much more so in the older countries, in China, in Egypt, etc.

One of the principal channels of transmission is among the school children. I know it is so in those eleemosynary institutions, where economy is the God that is worshipped next to the Supreme Being. They all use the same basins, the same soap and the same towels. I know of one institution, whose motives are not to be impugned, but their practice, I think, is reprehensible, and I doubt whether the total good will overbalance the evil accomplished in this institution. When I visited it last I do not think there were half a dozen of the seventy or eighty that did not have granulated lids. They were pitiable objects to see. Healthy, bright children, with loathsome diseases that exist not for a few weeks, not a temporary inconvenience, but lasting for years and destructive to eye-sight. And when once introduced into a family, particularly in the pauper classes, there is absolutely no abating it. You can tell them that it is contagious; you can warn them against the dangers of infection, and the means that contribute to it and they are unheeded. They are careless, and they are filthy, their filth is so in-born and their ignorance is so grounded that they pay but little attention. I have seen mothers with granulated lids bring children in my office, and I have warned them of the necessity of precaution and cleanliness, and before leaving the office I have seen them take out their handkerchiefs and use it on their own eyes and afterwards on the child's face and eyes.

One of the late rules originated in Boston, prohibiting the use of slates, is I believe an excellent thing, because they become very foul. The children use spittle, and use their fingers in cleansing them, and become infected with the various microbes and the infectious discharge from granulated lids.

I do not doubt that there are an immense number of cases of granulated lids caused by the use of slates. They have supplemented slates to a large extent by the use of paper, which is so cheap now, that it is a small item of expense.

DR. MILTON TOWNSEND (Physician to Free Kindergarten).—I have but little trouble with any of the children outside of some cases of simple inflammation of the eyes. I require the eyes of every child to be looked after by Miss Hunter, and if she sees any signs of inflammation or granulated lids, to have the children separated and not allowed to use the same towel or basin.

So far I have had but little opportunity to do anything in the way of treatment outside of the precautions I have given.

DR. BROWN.—I have had but little experience with children having sore eyes. Only a short time ago I delivered a woman of loose character, and took all

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the ordinary precautions to overcome a trouble of that kind, but found that the child afterwards suffered witht purulent ophthalmia and called her attention to the necessity of thorough antiseptic precautions. At the time I had two Ensworth students with me and called their attention to the necessity of thorough antiseptic precautions. After the child was delivered, I took, as I supposed, special precautions but the child's eyes were infected just the same, so it is not so easy to overcome infection as one would suppose.

DR. DANIEL MORTON.—The subject of opthalmia neonatorum I have had very little experience with, for the simple reason that I have not seen many cases of that nature. It would be supposed that I would have seen a great many more cases than I have, for the reason that for the past five years I have been the attending physician at the Home of the Friendless. In that institution, as you all know, a large number of women have heretofore been annually delivered and I have had the task of doing the greater portion of that work. For the last three and one-half years, I think we can attribute our freedom from ophthalmia neonatorum in that institution largely to the care that is given the woman at the time of birth, and preceding it as well. The majority of obstetrical cases that have been admitted there were admitted at such a time that they could be cared for properly before delivery. They are usually admitted some three or four months preceding the time of confinement and during that time we have an abundance of opportunity to discover any infectious discharge that might exist in the vaginal canal and to eradicate it by the proper treatment.

It was also the custom there whenever labor began to give a vaginal injection of bi-chloride of mercury and also to give a rectal injection. That has been the custom there ever since I have been in charge of the laying-in department. The result is that I believe I have not seen a case of ophthalmia neonatorum in a child born in that institution. I have seen perhaps two cases in children brought there. The last case that we had was one that was admitted sometime in November I think. The child was delivered in another institution in this city and subsequently admitted to the Home of the Friendless. It was the most virulent form of ophthalmia neonatorum that I have ever seen. I am unable to state the result of that case. My impression is that the case was removed two days after it was admitted.

I saw another case a short while before that in the practice of another physician in the city, and I think there was one other beside that, making, in all a total of three cases that I have seen. Now, of course, I do not mean to say that I have not seen conjunctivitis in a child two or three weeks old, but I have not seen a case of ophthalmia neonatorum other than these three, in which there was a discharge of pus or any conjunctivitis to amount to anything at all.

As a preventive we have always been very careful to cleanse the eyes immediately after birth with boaracic acid solution. Outside of that simple precaution, no means at all have been used.

We got into the building of the Home for Little Wanderers last October. October first we took possession and at that time, at my suggestion, the board of Lady Managers instituted a system of numbering. Each bed was given a number and each piece of linen belonging to that bed was given the same number and the mattress and each pillow. All of the blankets and all of the counterpanes are numbered to correspond with the bed. The pieces of clothing are all numbered to correspond with the bed. Each boy is given a certain number of towels that are numbered to correspond with the bed. Each child has his own washrag with a number to correspond with the bed and all articles in the room are numbered to correspond with the numbers on the bed, and this system we carry out in the entire institution.

I do not touch the eye either in private or in institutional practice. I have nothing to do with it there. There is only one thing that I ever do, that is simply to remove a foreign body or a particle of dust or a slight cinder or something of that sort.

This system of numbering and this system of individualizing the linen and clothing belonging to each inmate was adopted by me particularly, with regard to the spread of infectious diseases, not only of the eye, but of any other part of the body.

We have a great deal of trouble in that institution with infectious diseases of all kinds. For instance we have at present an epidemic of ring-worm of the scalp. It was introduced at the old Home of the Friendless about two and a half years ago.

It is not an easy matter in an institution of that kind to stamp out any sort of infectious disease, no matter what it may be, or what part of the body it may attack.

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Before one year ago we had no trouble that required any great amount of attention, so far as diseases of the eye are concerned.

At that time I was called to the Home and found several cases of purulent ophthalmia.

I was satisfied that there was some source from which it originated—some one source. and it occurred to me that it might come from some case of gonorrhea that might exist in some of the boys, so I had all the boys placed in a room and examined the penis of each boy and found one boy that had balanitis.

At that time there were a number of cases of ophthalmia evidently of an infectious nature. I went to the president of the board of Lady Managers and told her that the board must appoint an oculist. From that time to this I have had nothing to do with cases occurring in the eyes or ears of the inmates.

It is a little singular that in the long history of that instituion there should have been so little trouble arising from this disease—rather diseases of an infectious nature pertaining to the eye. We are now at the Home for Little Wanderers and pretty nearly recovered from that epidemic.

DR. J. M. RICHMOND.—I very seldom treat eye diseases except in their simplest form. But the one under consideration at the time, "Ophthalmia Neonatorum," must claim, to some extent. the attention of every physician who practice obstetrics at all, though it may only be in the way of prevention, Dr. Leonard's paper was wider in its scope, considering all preventable diseases of the eye. I will speak only of this one and that in regard to its prevention. The source of the disease is the unhealthy or septic condition of the matters with which the eye comes in contact in its passage through the birth track, or immediately after it is born. Consequently it is our duty as accouchers to see that this track is thoroughly clean, strictly aseptic, and as soon as the child is born, before the cord is cut, and if possible before the eyes are opened, with a clean cloth, to wipe away all matters. There are cases in which more than ordinary prevention is to be desired. For there are but few eye diseases more obstinate in their course. and more destructive in their tendency. A great proportion of blind people date their blindness back to this period of life. Dr. Leonard speaks about the dangers of the school period, but these poor unfortunates acquire their afflictions long before this time of life. The nurse has a great deal to do with the welfare of these cases. Her want of cleanliness will frequently decide their fate.

DR. LEONARD.—The presentation of of this rambling paper was to emphasize the fact that we live in an age of prevention rather than cure.

I have had special reference to the optical conditions of the eyes, and I can only agree with the gentlemen who were kind enough to enter into the discussion.

The Theory of the Hypnotic Action of the Sulfones.

Recent investigations have shown that a definite relationship exists between the chemical constitution and physiological action of certain bodies. As regards the group of hypnotics this has been true of the alcohols and sulfones.

In reference to the sulfones Baumann and Kast as the result of numerous observations have shown that disulfones which contain methyl groups are completely or but slightly effective, while those having ethyl groups in their molecules possess an intense hypnotic effect, the intensity of their action being proportioned to the numbers of ethyl groups which they contain. These authors especially emphasize the fact that in the action of the disulfones the group SO2 plays no part; and they further showed that the inefficiency of the methylated sulfones depended upon their resistance toward the metabolism, since they pass entirely, or for the most part unchanged through the system, while the active disulfones containing ethyl groups are almost completely decomposed in the tissue changes.

One of the disulfones dimethylsulfondimethylmethan, seemed to be an exception to this rule. Experiments on animals and human beings demonstrated that this disulfone was perfectly ineffective even in the large doses of 6.0 to 8.0 Gm. Notwithstanding this the unchanged disulfone could not be detected in the urine. To explain this contraindication I resorted to a new method and investigated again this question of so much importance in connection with the theory of the action of the disulfones. With this method Morro succeeded in positively detecting quantities of a milligramme

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of Sulfonal or Trional in the urine and to separate the sulfones in a pure state from the urine.

By repeating the experiments of Baumann and Kast he succeeded in demonstrating that dimethylsulfondimethylmethan for the most part passed unchanged through the organism, and this sufficiently explains its inefficacy.

The author took for two successive days 2.0 Gm. dimethylsulfondimethylmethan daily without a trace of effect. From the urine which was collected for the two days he was able to recover 0.84 Gm. chemically pure dimethylsulfondimethylmethan having a melting point of 118 degrees. It is noteworthy that during the following days the urine also contained some disulfone.

These experiments confirm the correctness of the conclusions of Baumann and Kast, that the hypnotic action of the sulfones which is chiefly due to the number of ethyl groups contained in their molecules is also dependent to a considerable extent upon the degree of decomposition to which the molecules of the various sulfones are subjected in the metabolism.

The great difference between the action of the methylated and ethylated sulfones is therefore chiefly due to the fact that the ethyl groups of these bodies are more easily attacked by the metabolic process than the methyl groups.

In a previous article the author showed that among the series of ethylated sulfones the nature and manner of the different bodies was intimately connected with the behavior of the sulfones in the metabolism. He demonstrated that Trional was completely destroyed in the tissue changes, even when administered for a number of weeks, while sulfonal and tetronal are not completely decomposed and slowly eliminated. This fact explains in the simplest manner the observation universally made, that the action of trional, although more rapidly developed that that of sulfonal, is more rapidly and completely dissipated than in the case of the latter drug or tetronal; and that when trional is given in proper doses after effects or delay-action are practically excluded. —Dr. W. W. Morro, in Deut. Medicin. Wochenschr, No. 46, 1894.

THE SOCIETY ON THE MISSISSIPPI.

(After Bret Harte.)

I reside in old St. Louis, on the Mississippi's bank;
I am not up to small deceit, so people call me "crank";
Now I'll tell you in simple language what I've heard and what I know,
Of the row that's raging hotly in the Society Medico.

But I first would remark that it is not a proper plan
For any scientific gent to whale his fellow-man;
And if any member don't agree with his particular whim,
To lay for that same member for to put a head on him.

Now nothing could be finer, or more prone great minds to please,
Than the way these M. D.'s met to talk of how to cure disease;
Till Loftus (out on Finney) rose one evening 'midst the din—
Said the way the Code was broken was a wicked, shameful sin.

Now, this ancient "Code of Ethics" was constructed long ago
By some "well-established" doctors, old "back numbers," "mossbacks," "slow;"
They had made a "handsome practice" and they did not care to see
Younger men with "modern methods" pick persimmons from their tree.

Then Loftus read his "charges," and he said that Doctor "M."
Had been "toying" with newspapers and been "advertised" by them;
Then up rose Love (from Lindell) and addressed the chair with might;
Said the man in "public service" who "furnished news" was right.

Now, I hold it is not decent for a scientific gent
To say another is a "quack," or words to that intent;
Nor should the individual who happens to be meant
Reply by "counter charges" to any great extent.

Well, in less time than I write it, every member did engage
In a warfare hot and wordy, full of anger and of rage,
And the way they charged each other with "infringement of the Code"
Was a thing to make "outsiders" seek a pleasanter abode.

Up to date the thing's not settled; there's still gore upon the moon;
Every "fossil's" greatly nettled, and bloodshed is feared soon;
Meanwhile the sick and suffering are laughing themselves well,
And say of "Code" and "Codists," they both may go to—Chicago.

—St. Louis Republic.

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TRI-STATE MEDICAL SOCIETY

(ILLINOIS, IOWA AND MISSOURI)

The **next meeting of the Tri-State will be held at St. Louis, April 2, 3 and 4, 1895.**

PRELIMINARY PROGRAM

ALLISON, W. R.....Peoria, Ill	Medical Evils.
ASH, J. R.....Brighton, Ill	The Influence of Malaria in Rhinological and Laryngeal Work.
BABCOCK, ROBERT H.....Chicago	The Open-Air Treatment of Consumption.
BALL, JAMES MOORES,...St. Louis	President's Address: The Anatomical Renascence.
BARRIER, C. W.....St. Louis	Use of the Lever in Club-Foot.
BEARD, CHARLES H.....Chicago	Treatment of Trachoma and Trachoma Sequelae.
BINNIE, J. F.....Kansas City	Subject unannounced.
BROCKMAN, D. C...Ottumwa, Iowa	Tuberculosis of Bones.
CALE, GEORGE W.....St. Louis	Subject unannounced.
CATTO, W. M.....Decatur, Ill	The Uterine Sound and Curette.
CARTER, J. M. G.....Waukegan, Ill	The treatment of Functional Dyspepsia.
CERNA, DAVID....Galveston, Texas	Address: Recent Advances in Therapeutics.
CHASE, CHARLES S..Waterloo, Ia	Food Adulteration—Its Cause and Prevention.
CONNER, J. J.....Pana, Ill	Report of a Herniotomy.
COOK, GEORGE J...Indianapolis, Ind	Inflammation of the Anal Canal.
CORDIER, A. H.....Kansas City	Diagnosis of Intra-Abdominal and Pelvic Pathological Conditions.
CORR, A. C.....Carlinville, Ill	What is Scrofula?
CROWELL, H. C.....Kansas City	Subject unannounced.
CULLEN, GILBERT I.....Cincinnati	Subject unannounced.
DANA, CHARLES L.....New York	Subject unannounced.
DAVIS, EDWARD P....Philadelphia	Subject unannounced.
DEWEES, W. B.....Salina, Kas	Subject unannounced.
DEWEY, RICHARD.....Chicago	Study of a Family of Four Degenerate Children.
DORSEY, F. B.....Keokuk, Iowa	Injuries to the Pelvic Floor.
EASTMAN, JOSEPH....Indianapolis	Subject unannounced.
ESCHBACH, H. C.....Albia, Iowa	Pleurisy with Effusion.
ETHERIDGE, J. H.....Chicago	Subject unannounced.
FERGUSON, A. H.....Chicago	Pathology and Treatment of Appendicitis.
GANT, S. G.....Kansas City	Treatment of Stricture of the Rectum.
GIBBES, HENEAGE.....Ann Arbor	Parasitic Nature of Cancer.
GUTHRIE, W. E.....Bloomington, Ill	Mucocele of the Frontal Sinus.
HARTLEY, H. A. S....Keokuk, Iowa	Rabies.
HEFLEBOWER, R. C.....Cincinnati	Some Forms of Mastoid Operation.
HENROTIN, FERDINAND..Chicago	Subject unannounced.
HENRY, W. O.....Omaha, Neb	Indications for Laparotomy.
HOLLAND, T. E...Hot Springs, Ark	Some Thoughts on Elimination.
HOLLOWBUSH, J. R..Rock Island, Ill	Subject unannounced.
HOLMES, BAYARD.....Chicago	Osteal Tuberculosis Without Arthritis.
HUTCHINSON, W....Des Moines Ia	The Economics and Ethics of Reproduction.

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JAMES, J. A. J.....St. Louis	Subject unannounced.
JACOBSON, HENRY,.....St. Louis	Nocturnal Pollutions and Spermatorrhea.
KELLY, WEBB J.....Galion, Ohio	When Shall We Amputate.
KELLY, HOWARD A.....Baltimore	Subject unannounced.
KEEN, W. W.....Philadelphia	Professor Keen will hold a surgical clinic.
LA FORCE, W. B.....Ottumwa Ia	Subject unannounced.
LANPHEAR, EMORY.....St. Louis	Brain Tumor; its Surgical Treatment.
LEWIS, E. R.....Kansas City	Ununited Fractures and Bone Lesions.
LEWIS, BRANSFORD.....St. Louis	Relationship of Oxaluria to Sexual and Urinary Disorders.
LOEB, H. W.....St. Louis	To Spray or Not to Spray.
LOVE, I. N.....St. Louis	Subject unannounced.
LYDSTON, G. FRANK.....Chicago	Subject unannounced.
M'INTYRE, J. H.....St. Louis	Subject unannounced.
MALONE, L. A. ....Jacksonville, Ill	Subject unannounced.
MATHEWS, J. M.....Louisville	Excision of the Rectum vs. Colotomy.
MEISENBACH, A. H.....St. Louis	Subject unannounced.
MINGES, GEORGE.....Dubuque, Ia	Subject unannounced.
MILLIKEN, SAMUEL E...New York	Excision of the Elbow-Joint in Children.
MOONEY, F. D.....St. Louis	Subject unannounced.
MEYER, ADOLF.....Kankakee, Ill	Subject unannounced.
MOYER, H. N.....Chicago	Address on Medicine; The Relation of Infection to the Nervous System.
MUDD, H. H.....St. Louis	Subject unannounced.
NORBURY, F. P.....Jacksonville, Ill	Electrotherapy of Sexual Neurasthenia.
OLIVER, CHARLES A..Philadelphia	Prof. Oliver will hold an ophthalmic clinic.
PAQUIN, PAUL.....St. Louis	Subject unannounced.
PATRICK, HUGH T.....Chicago	Hysteria and Organic Disease of the Nervous System.
PARK, ROSWELL.....Buffalo	Subject unannounced.
PERCY, JAMES F.....Galesburg, Ill	Subject unannounced.
PEARSE, H. E.....Kansas City	Gastric Neuroses; Their Diagnosis and Treatment.
PUNTON, JOHN.....Kansas City	The Stigmata of Nervous Diseases and Their Utility in Diagnosis.
PRICE, A. D.....Harrodsburg, Ky	Puerperal Eclampsia.
REDER, FRANCIS.....Hannibal, Mo	Subject unannounced.
RICKETTS, B. MERRILL..Cincinnati	(a) Epilepsy—Removal of Cerebral Cyst; (b) Typhoid Ulcer, Perforation; Operation.
RIDLON, JOHN.....Chicago	Subject unannounced.
ROBINSON, F. BYRON.....Chicago	Address on Gynecology; Observations in the Peritoneum in Fifty Autopsies.
SHUELL, T. J.....Parnell, Iowa	Relation of Fecal Impactions to Appendicitis.
SISSON, E. ORRIN.....Keokuk, Ia	Ophthalmia Neonatorum.
STUCKY, T. HUNT.....Louisville	Subject unannounced.
WALKER, EDWIN...Evansville, Ind	A Clinical Report on Thyroid Extract.
WAUGH, W. F.....Chicago	Narcophilia.
WEYMANN, M. F.....St. Joseph	Treatment of Chronic Suppurative Middle Ear Disease.
WILDER, Wm. H.....Chicago	Tumors of the Eyeball with Specimens.
WILL, O. B.....Peoria, Ill	The True Conservatism.
WIRT, WM. E.....Cleveland, O	The Hysterical Element in Joint Diseases.
WISHARD, W. N....Indianapolis, Ind	Subject unannounced.
WYETH, JOHN A.....New York	Address on Surgery.

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PERSONALITIES

Dr. R. W. Hale has removed from Ardmore, Mo., to Otto, Wyo.

Dr. John Milton Magee, of New Orleans, died February 13th, aged 74 years.

Dr. C. H. Bullock, of Nodaway, made a professional visit to Savannah last month.

Dr. Frank L. Dubois, U. S. N., died February 24th, of apoplexy, at Portsmouth, N. H.

Dr. Vander Veer, of Albany, N. Y., has been elected Regent of the University of New York.

Dr. Milton N. Taylor died at his home in Baltimore, Md., February 25th, at the age of 70 years.

Dr. Charles E. Vaughan and wife of Boston, made St. Joseph a pleasant visit, en route to California.

Prof. William Osler, of the John Hopkins University, has been tendered the position of president of McGill University, Montreal.

Dr. L. C. Johnson has connected himself with Drs. Heddens and Wallace, and may be found hereafter at his office on Eighth and Jule streets.

Dr. J. L. Gilbert, professor of Histology and Pathology in the Kansas Medical College, has charge of the bacteriological work of the Topeka Board of Health.

Dr. Willis P. King, Secretary of the Missouri State Board of Health, delivered an address at the Ensworth Medical College commencement, in this city, on the 14th inst.

Dr. S. Murdock's interesting paper on "Railroad Prostate Gland," presented to the Society of St. J. & G. I. Surgeons, at its last meeting, will appear in the next issue of THE HERALD.

Dr. T. K. Sawyer, of Morrill, Kansas, formerly St. Joseph's City Physician, made us a pleasant call recently. Dr. Sawyer is still practicing medicine, and running a newspaper on the side.

Mr. Edward H. Weir, representing the Alta Pharmacal Co. of St. Louis, has been in the city for a week past, visiting the local profession, and making friends for Melachol, the nerve tonic and pleasant laxative.

The Charcot Monument.—The subscriptions toward the erection of a monument to Charcot, received by the Committee, now amounts to about twenty-five thousand francs ($5,000).

Dr. Charles Lengel, a prominent German physician, of Kansas City, Mo., is said to be insane. Until Dr. Lengel began taking an interest in spirtualism about a year ago, he was regarded as a reliable physician, but when he commenced attending seances, and established an alleged communication with the spirit world his practice began to dwindle, and his friends nodded their heads significantly. Now the Doctor's head is filled with queer ideas and he believes he is a second Joshua, that he can overshadow the land with darkness by commanding the sun to stand still.

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NEWS AND MISCELLANY

The Indiana Medical College, of Indianapolis, recently destroyed by fire, will be rebuilt.

Assigned.—The Hastings Truss Co. of Philadelphia has assigned. Light trade and slow collections the cause.

The State Board of Health made St. Joseph a visit recently on its annual tour of medical college inspection.

New Government Hospital.—Congress has appropriated $25000 to rebuild the hospital burned at Fort Meade, S. D.

Pasteur Street.—The Municipal Council of Paris has decided to change the name of the *Rue d' Ulm* to Rue Pasteur, in honor of the distinguished scientist.

Bellevue Hospital was draped in mourning for thirty days, in honor of Prof. Loomis, lately deceased, and a commemorative tablet will be placed on the wall of the executive board room.

Increased.—Parke, Davis & Company, manufacturers of pharmaceutical products, have re-incorporated with a capital stock of $2,000,000, with $1,200,000 paid in. The life of this successful corporation is extended thirty years.

Asbury Hospital, at Minneapolis, Minn., was visited by a destructive fire, on February 18th. The patients were all removed, without injury, to St. Barnabas Hospital, where they are being cared for while repairs are made.

Dr. Smith.—Is that your name? If so, you can have THE HERALD three months free of charge. We wish to find out how many doctors of that name are still practicing in the United States. So send along a postal card, Dr. Smith.

Medical Society of the Missouri Valley.—By the time this issue reaches our readers this medical association will be in session at Sioux City. Full report of the proceedings, together with a number of the papers, will appear in the April issue of THE HERALD.

The International Dermatological Congress has been postponed, perhaps till 1897, on account of conflicting with meetings of the British Medical Association (which meets in London this summer) and the International Medical Congress at Moscow.

The Herald's Premium List is the best ever offered to western physicians, and the subscriptions are rolling in at such a rate that our limited supply will soon be exhausted. If you need anything in the list now is the time to get it free of charge. All premiums warranted to be first-class.

A Visit to Æsculapius.—The next number of THE MEDICAL HERALD will be embellished with a beautiful full-page reproduction of this famous painting. To such of our readers who have been so fortunate as to have seen the original picture, in the great art gallery in Paris, or even a reproduction, no word of praise is necessary from our pen. To those who have never viewed this glorious work of art, we can but say it must be examined to be appreciated. The half-tone engraving has been executed by the Binner Engraving Company, of Chicago, whose imprint is in itself a guarantee of perfection. As no reprints of this picture can be obtained, without THE HERALD, our readers desiring extra copies, should place their orders at once.

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The Golden Belt Medical Society.—This Society will hold its sixth annual meeting, Thursday, April 4, 1895, at Abilene, Kansas. A full and interesting program has been provided for, and a large attendance is anticipated. The medical profession is cordially invited. Pharmaceutical and medical instrument dealers desiring to make a display are invited to correspond with the secretary, who will cheerfully give all necessary information and provide space for same.

E. B. La Fevre, M. D., Secretary, Abilene, Kan.

Medical Publishers cannot be too careful in quoting discounts to new advertising agencies that are springing up like mushrooms, with every change of the moon. While it is legitimate for the staunch and reliable agent, who handles a firm's business, to be allowed a small discount from gross rates, a distinction should be made when it comes to allowing a commission to every "solicitor" who hangs "advertising agent" from his letter-head. Further, it is becoming quite a practice with firms who contemplate advertising, to approach the publisher, in the guise of an "advertising agent," asking for discounts, etc., and then placing none but their own business. Protection should be the watchword in all cases. Protect the legitimate advertising agent; protect your patrons; and last, but not least, protect yourself.

A Doctor Millionaire.—The late lamented Dr. Loomis was one of the very few physicians who possessed the faculty of accumulating money. His will, recently filed for probate, shows the value of the real estate to be $400,000, and of the personal property $600,000. The testator gives his wife $150,000, his house at No. 19 West Twenty-fourth street, and his horses, carriages and bric-a-brac in lieu of dower. The income of $25,000 is given to the Loomis Laboratory, and whatever part of the income is not used is to be paid to the professor of pathology of the University of New York. The New York Academy of Medicine gets $10,000, the bequest to be known as the Loomis Entertainment Fund, and the interest to be used in providing entertainments for the fellows of the academy. The testator gives $5,000 to Margaret A. Rollo, $100,000 in trust and his medical library to his son, Harry Patterson Loomis, and $100,000 in trust to his daughter, Adeline Eliza Loomis Prince. The residue goes absolutely to the son and daughter in equal shares.

The Deustrow Murder Case.—This celebrated case has excited much public and professional interest in St. Louis during the past month. The trial of the prisoner on the indictment for murder was suspended for an investigation of his mental condition. Local prejudice had led to a change of venue to Franklin county, where the inquiry was had, and consumed a week. The prosecution made an appeal to the spirit of vengeance and mob violence none the less shameful by reason of abundant precedent, but it was the only possible chance of gaining a verdict in the face of the facts. The prosecution did not fail to call upon the Chicago precedent in the legal execution of Prendergast, thus showing how one wrong perpetuates itself and renders justice uncertain. The prosecution was unable to introduce a single expert, and had to rest its case on physicians who would not even testify that the prison was sane. The defense introduced a corps of distinguished experts from St. Louis, Drs. Chaddock, Bremer, Bauduy and Simon, who gave the most unequivocal testimony showing that the prisoner to be suffering with paranoia of a pronounced and unmistakable type. The court limited the inquiry to testimony bearing on the present condition of the prisoner, and thus cut off the most important means of elucidating the case. The charge of the court was within the antiquated lines of *partial* insanity and "degree of responsibility," and took no note of the more modern decisions. In the face of the most openly expressed prejudice, however, the value of expert testimony was indicated, in that eight jurors declared for insanity. A rehearing has been set for April 30th.

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MEDICO-LEGAL DEPARTMENT

Late Rulings and New Laws Affecting the Doctor

Didn't Pass.—The bill presented to the Missouri Legislature, creating a chair of Homœpathy in the University was defeated.

A Good Law.—When a physician in Arkansas becomes a habitual drunkard the State Board of Health is by law enjoined to revoke his license.

Illegal and Impossible.—It is illegal to write prescriptions in France in Latin, so says the *Era*, but the editor of that journal neglects to state that in America it is almost impossible for the physicians to write prescriptions in Latin, if we are to judge from the prescriptions found in the drug stores.—*Meyer Bros.' Druggist.*

Afraid of It.—The Committee on Legislation of the National Wholesale Druggists' Association, through its chairman, John Hodge, is distributing circulars urging the members of the organization to strongly oppose the bills recently introduced into the legislatures of Tennessee and Michigan requiring the manufacturers of proprietary medicines to print their formulas on the labels of their bottles.

Ophthalmia Neonatorum.—Representative Spencer of St. Louis, has introduced a bill, the first of which reads as follows: "Should one or both eye lids of either or both eyes of an infant become red or swollen at any time within three weeks after its birth, it shall be the duty of the midwife, nurse, or other person having charge of said infant, at once, unless for good cause, to report the condition of said eyes to a legally qualified physician."

Dr. Book Vindicated.—THE HERALD is glad to announce that the superior court of Washington has discharged Dr. W. P. Book, late president of the Aberdeen Bank, whose arrest for perjury was noticed in the January issue of this magazine. Dr. Book writes that the arrest was a scheme of an ex-Pinkerton detective, whose purpose was blackmail, and that the investigation which followed proved his innocence of all the charges brought against him. That the scheme miscarried is a source of gratification to the doctor's many friends, and THE HERALD adds its congratulations.

A Patent Medicine Bill.—Congressman Meredith, of Virginia, has introduced a bill in the House which authorizes the secretary of the treasury to create a board of medical and chemical experts, who shall be empowered to fix all standards of medicines used in the United States. The bill provides further that the "manufacturers, manipulators, compounders, mixers and makers of all patent and proprietary medicines" shall apply to the board for a license to make any article of patent or proprietary medicine, and pay $96 per annum for such license. Each box, package, bottle or vial used for putting up a patent medicine is required to bear a revenue equal to 5 per cent of the retail price of the article, and failure to attach such stamp is punishable by a fine of $100. All proprietary articles shall be submitted to the board for fixing the standard of drugs and medicines, and if pronounced healthful shall be permitted to be sold. No formula or any medicine shall be made public by the board unless it is found by chemical analysis that the article is not in accordance with the formula submitted, but if the standard is not as represented, "the formula shall be published and the fraud exposed." Any officer improperly divulging his official knowledge shall be punished with a fine of from $500 to $2,500, and imprisonment of from one to ten years. A physician's prescription shall not be considered a proprietary drug or medicine unless sold under a proprietary brand.

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ITEMS OF INTEREST.

Try It.—A most convenient and scientific apparatus for spraying all kinds of liquids is the Globe Nebulizer, which has received the endorsement of almost the entire Chicago profession. It is specially adapted to the use of alboline, balsams, etc. Its reasonable price makes it a favorite. Send for a circular, and note card in this issue.

Incubation Periods of Infectious Diseases.—The Clinical Society of London has recently published the result of extensive observations regarding the period of incubation of some of the infectious diseases. A constant period is not to be expected. In most instances, as will be seen from the following table, the difference between the maximum period is not very great.

	Normal.	Maximum.	Minimum.
Variola	12 days.	14 days.	8 days.
Varicella	14 "	19 "	13 "
Measles	10 "	14 "	4 "
Rubella	18 "	21 "	8 "
Scarlatina	2 "	7 "	1 "
Diphtheria	2 "	7 "	2 "
Mumps	19 "	25 "	12 "

Purism Again.— A few of our effete Eastern contemporaries seem to be losing a great deal of sleep over the art pictures presented from time to time in the Medical Herald, and talk about the immodesty of illustrating the nude figure. For the enlightenment of these "back-number" journalists, whose circumscribed sphere will not allow them to turn around without barking their sanctimonious shins, we would say that to the pure minded all things are pure. An artist's ideal of beauty rests in the " female form divine," and the song of the poet for centuries past has chanted the praises of God's last and most perfect gift to man. The Art gallery at the World's Fair should, in the minds of our narrow-minded friends, have been avoided by all. 'Tis a wonder to us that editors with such ideas of what constitute art, would allow an advertisement of "Trilby" to appear in their magazines. We are reminded of the story of the old pictures in Bowdoin College, the early part of the present century. The paintings were by the old masters, and very valuable, but the faculty disposed of the best of them for a mere song, in the belief that they might have a demoralizing effect upon the students of the college. After these " pernicious " nudities were removed from the adolescent gaze, these good old professors no doubt patted themselves upon their Puritanic backs to think that they not only saw those wicked pictures carted off by the " sons of Belial " but they had the price jingling in their pockets. What would these worthy old dominies think if they could return today to their ancient haunts and see the beautiful art building erected in the university grounds! How they would cover their faces in shame could they behold the magnificent fresco by Elihu Vedder, an allegorical design where the half nude figure of " Color " and the entirely nude " Nature and the Soul " fill the eye with beautiful lines and tones of the human form divine! Verily they would think that they had fallen upon evil days. "*Tempora mutantur et nos mutamur in illis.*" The progress of art in Italy in the fifteenth century was marked by the gradual disrobing of the human figure. That which had been looked up to by one generation as shameful and debasing was considered by the other as admirable and elevating. The beginning of that century saw the clumsy figures clothed from neck to heels which were painted by Giotte's pupils, and the beginning of the next saw the marvelous and perfectly pure nudities of Michael Angelo disporting themselves upon the ceiling of the Listine chapel. When the most beautiful forms of God's creation are no longer considered evil and degrading, then there is an opportunity for the growth of an art which can glorify Him in all His works. The subscription price of The Medical Herald remains the same, and our list is rapidly increasing.

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College Improvements for New York.—The Vanderbilts have given $550,000 to the Medical Department of Columbia College (the New York College of Physicians and Surgeons) for the specific purpose of erecting new buildings. Mr. Sloane constructs a maternity hospital, the former building proving inadequate, and Mrs. Sloane will furnish the means for its regular maintenance (this in addition to amount already specified). The Vanderbilt brothers will construct an addition to the main teaching building and to the clinic rooms. The extended course of medical instruction and the increased size of the classes compelled the making of these provisions for adequate teaching. With the same financial sources to draw upon in the future, there is abundant assurance that the best standards of teaching in the old college will be maintained.

The Missing Link has been discovered, and all Darwinians may now in concert exclaim, we told you so! Dr. Eugene Dubois, of the Dutch India Army, has found our common revered progenitor in the late Pliocene or post-Pliocene deposits of the island of Java, and he gives this long-sought-for ape-form the fitting name of *Pithecanthropus erectus*, pronouncing it to be the intermediate form between man and the true anthropoid apes. The cranial arch is said to be surprisingly pronounced, falling almost half-way between that of the chimpanzee and that of man, while the cranial capacity approaches to the physiologic minimum of man, and is double that of the gorilla. The femur is the analogue in form and dimensions of that of man, and must have supported an erect body. We are delighted that the matter is settled, so that we may go on with the work of human perfection, knowing at last exactly where our family-tree begins and where we now stand. —*Med. News.*

Deaths from Cycling.—In a recent session of the Paris Academy of Medicine, Petit reported three deaths occurring suddenly during the use of the bicycle. The first case was that of a man 95 years of age who had begun to ride four weeks previously. He died in the arms of his teacher as he was about to get off his wheel. The second case was that of a physician, aged 48 years, who for the sake of reducing a corpulence which had come on after typhoid fever took to cycling. Without previously having complained of heart symptoms he was one day, while on his wheel, suddenly taken with dyspnea and a severe pain in the heart region. He stopped, sat down on a bench and died in a few moments. The third case was that of an athlete, aged 40 years, who died suddenly on the street while cycling. Dr. Stephen Roop, of New York, a hale, hearty and vigorous man in the noontide of life, while cycling in New York City, dropped dead from his wheel.

Amputated Leg in Court.—Who is the owner of an amputated leg? This is the embarrassing question before a court at Brussels, Belgium. In the month of March last a young woman, newly married, injured herself by a fall so severely as to necessitate the amputation of her right leg. The operation was successful, and the surgeon carried the amputated limb to his office and exhibited it in the most conspicuous corner of his waiting room in an enormous jar, which was duly placarded in large letters with the name, address and age of the former owner, together with the circumstances under which the amputation had been performed. The husband no sooner heard of the disrespectful use that had been made of a part of the body whose lord and master he had the happiness of being, that he took prompt legal action. The surgeon was notified in good and due form that he must not only put a stop at once to the unseemly publicity of the exhibition, but must restore the leg without delay to its rightful owners. The practitioner rejoined that the limb in dispute having become, thanks to him, a simple anatomical exhibit, and bearing the marks of his handiwork, was virtually a newly manufactured article, the fruit of his labor, of which he had the absolute right to dispose as he saw fit, and that the husband who had married a wife with two living legs had no right to claim the ownership of a dead one. Here the case at present rests, and all the Belgian legal luminaries are fighting over it.

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THE MEDICAL HERALD

MEDICAL HERALD COMPANY, - - - - PUBLISHERS.
CHAS. WOOD FASSETT, - - - BUSINESS MANAGER.

PUBLISHING HOUSE,
CORNER SIXTH AND CHARLES STS.

SAINT JOSEPH, MISSOURI.
TELEPHONE NOS. 196 AND 736.

ALL matter pertaining to this department, or concerning advertisements, to insure prompt attention should be addressed to the Business Manager . . . . . .

THE HERALD'S circulation being among a class of physicians who PAY THEIR SUBSCRIPTIONS (and consequently READ each issue), this journal naturally offers the best opportunity to those advertisers who desire to reach the thrifty and progressive practitioners of the West and South.

Publishers' Bureau.

THIS DEPARTMENT will be devoted to such notices and comments as the Business Editor may feel inclined to make of deserving and meritorious preparations, and such items of news concerning new goods as will prove interesting to our readers. Practitioners are particularly requested to send us brief facts concerning the success of preparations advertised in THE HERALD, as demonstrated in their practice, and we will always be glad to give space in our Original Department for extended reports of clinical cases. Practices for sale, or notices of removal, not exceeding ten lines, will be inserted FREE three times for subscribers. Always state reasons for selling.

AMUSEMENTS IN ST. JOSEPH.

THE CRAWFORD THEATER—Fifth and Jule streets—First-class attractions at popular prices. Seats reserved four days in advance. NICK WAGONER, manager.

THE NEW TOOTLE THEATRE—Finest House in the West.— TOOTLE ESTATE, Proprietors. Fifth and Francis Streets. Do not fail to visit the Tootle Theatre. Seats reserved by mail or telephone.

DIME MUSEE—BERT. MARTIN, proprietor. 114 South Fourth Street. Four Performances Daily.

Eczema and Acne Remedy.—*Sample Free* to any physician; address box 359, El Paso, Texas.

Desirable Practice, good property; great bargain; railroad town. Address DOCTOR, Box 56 Henrietta, Texas.

A Welcome Monthly Visitor.—The Medical Novelty Co. are issuing a monthly visiting list and day-book in pocket form, that will prove very useful to the doctor generally. The March number has just been printed, and will be sent free to any physician addressing The Medical Novelty Co., 21 West 23d street, New York.

A New Remedy for Epilepsy.—We know of nothing in recent times that has created more of a stir in medical circles than Tilden's Hydrocyanate of Iron for epilepsy and neuro-cerebral ailments. From reports, it looks as though a remedy had at last been found for these hitherto obstinate ailments. We sincerely trust that late developments may fully sustain its present flattering promises of usefulness. Literature can be secured by writing The Tilden Co., New Lebanon, N. Y.

Sander & Son's Eucalypti Extract (Eucalyptol).—In the article treating on inhalations of eucalyptus in cases of diphtheritis (Berlin *Klin. Wochenschrift*, 1876, No. 21) by Prof. Dr. Mosler, Director of the Medical clinic of the University at Griefswald, it is stated: "The oleum eucalypti folies, I employed in my tests, I received through Holzle & Chelius, Frankfort-on-the-Main; it must not be mistaken for the more frequently offered oleum eucalypti australe which is obtained from the wood of the eucalyptus trees. This latter oil is used commonly for mechanical purposes and has a far cheaper price; it is, however, no longer applied by me as an internal medicament." We certify that the oleum eucalypti folies named in the Berlin *Klin Wochenscrift*, 1879, No. 21, and there mentioned to have been procured from us, was the product of Messrs. Sander & Sons, Sandhurst, Australia. Holzle & Chelius, Frankfort-on-the-Main, Agents.

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A Surgical Triumph is the caption of the Norwich Pharmacal Co's new advertisement in this issue, and after reading the remarkable testimony of Dr. Enton, of Brooklyn, you will decide that the title fits the case.

To Graduates.—When taking up the practice of your chosen profession, be sure you start right by taking proper care of your accounts. Consult the adv. of Messrs. Henry Bernd & Co. in this issue, and you will learn all about it.

Vapo-Cresolene is not only the best known remedy for whooping cough, but its use is indicated in cases of irritation of the pharynx and bronchial tubes. In the Ensworth hospital, recently, a phthisical patient annoyed by a very distressing cough, was promptly relieved by the use of this efficient agent.

The Empire Elastic Bandage has won a place in the confidence of the medical profession, by virtue of its many points of merit. For varicose veins, and in any condition, medical or surgical, requiring the services of a bandage, it is unexcelled, as its constant use in many hospitals of the country, will verify. Write the Empire Mfg. Co., Lockport, N. Y., for samples and full information, noting the full page announcement in this issue.

Gratifying.—The manner in which our friends, the subscribers, are sending in their annual "dues," is indeed gratifying to the editor and publishers, and we hope the movement will continue till not a delinquent name remains to blot our record book. We are determined to reach the seven thousand mark by June 1st, and our solicitors will be under many obligations to present subscribers who will lend them any aid in their respective towns.

Ozonate Lithia Water is prepared by adding thirty-five (35) grains lithia ozonate to each gallon of White Rock Natural Spring Water, the most searching salver and neutralizer for uric acid and uric concrement in the group of lithias, and its administration can be indefinitely combined without producing grastic disturbances, a course impossible with any other form of lithia. Dr. Cordier, of Kansas City, says: "I used six bottles myself for an excessive amount of uric acid and while taking it felt much relieved from attending symptoms accompanying this condition. I feel that you have the best lithia water on the market." See announment in this number of the HERALD.

Special Laboratory Course at the St. Louis College of Physicians and Surgeons.—Beginning Monday, April 1st, and continuing four weeks, the annual laboratory course of study will be held at the college. Special attention will be paid to practical microscopy and clinical chemistry, the preparation of cultures and test solutions and the use and care of apparatus. Anatomical demonstrations will be made and abundant material will be supplied for demonstration. Live animals will be used to show the effect and treatment of gun-shot wounds of the abdomen. Fee $25. Students of this college $20, one-half of which will apply on the fees of the fall session. A certificate of attendance will be furnished. For further particulars address Dr. Frank Ring, 2600 Gamble street, St. Louis, Mo.

Constipation.—In a recent article on this subject, Dr. W. F. Waugh, of Chicago, deprecates the constant use of cathartics, as having a tendency to deprive the bowels of their natural functions, and finally securing such a hold on the patient that a movement cannot be had without a pill. Women are the greatest delinquents in the matter of stools, Reynolds having related the case of one who evacuated the bowels but four times a year, taking a teaspoonful of pills for the purpose, and passing a large bucketful of feces. Paris women, who are the most neurotic of the races, only physic themselves when actually necessary, and when the ordeal is over, receive the congratulations of their "immediate friends." Dr. Waugh recommends the daily use of the laxative granule bearing his name (manufactured by the Abbott Alkaloidal Co., Ravenswood, Chicago) until the bowels have resumed their natural functions.

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L. B. EDWARDS, M. D., Pres. Richmond, Va.
J. C. CULBERTSON, M. D., V-Pres. Cincinnati, O.
J. MACDONALD, JR., Treas. New York City.

Organized September 6, 1893, at Washington, D. C.
First Annual Meeting, at Hot Springs, Va., August 13-14, 1894.
Next Meeting at Baltimore, Md., May 6, 1895, 9:30 a. m.

American Medical Publishers' Association

Secretary's Office,

CHAS. WOOD FASSETT, SECRETARY.
Sixth & Charles, **ST. JOSEPH, MO.**

The Spring Bulletin is being prepared.

Send in the titles to your papers, if you wish to appear on the program.

The Bulletin of Medicine and Surgery, is a new journal published at Guadalajara, Mexico.

The Covert Medical News, formerly published at Covert, Mich., is among the things of the past.

With the beginning of the new year the *Union Medicale* has enlarged its size and transformed itself into a weekly.

A list of non-paying advertisers is on file with the Secretary, and will be furnished free to members on application.

The Medical and Surgical Record, of Baltimore is said to have been discontinued. Drop it from your exchange list.

Seven new members is the record for the past month. We will reach the hundred mark before the annual meeting-time.

The agricultural papers, catching the inspiration from our association, have organized a society for mutual protection and progression.

Dr. Wm. Warren Potter, editor and publisher of the Buffalo *Medical and Surgical Journal*, is a recent valued addition to our association.

The *Western Medical Journal*, Fort Scott, Kansas, and the *Medical Advance*, Chicago, are new members, and will be represented at the May meeting.

A new high-class medical journal is announced from Chicago, under the editorial management of Dr. Harold N. Moyer. Geo. S. Davis will be the publisher.

The Secretary is in receipt of hundreds of letters from publishers in every part of the country, signifying their intention of attending the Baltimore meeting, and lauding the purposes and achievements of the Publishers' Association.

The General Practitioner, a spicy little journal of 28 pages, has made its appearance in St. Louis, and a cordial welcome it has on our table. It is edited by Drs. R. C. Blackmer, G. M. Blich and F. T. B. Fesh as assistant editor. May it prosper.

Through an inadvertence, two journals were omitted from the last printed exchange list, namely, *The Fort Wayne Medical Magazine*, Fort Wayne, Ind., and *The Oklahoma Medical Journal*, Guthrie, Okla.

The Toledo Medical Compend has changed editors and name, Dr. R. H. Timpany assuming the chair, and beginning with its January number it bears the title *American Medical Compend*. Our congratulations on the cosmopolitan name, and consequent enlarged field of usefulness.

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The Review of Insanity and Nervous Diseases, of Milwaukee, has been temporarily suspended, during the absence of the editor, Dr. J. H. McBride, who is taking a vacation. Dr. McBride is the superintendent of the Wauwatosa Sanitarium.

The Lehigh Valley Medical Magazine will in future be issued monthly instead of quarterly. The last number contains the following sentiment: "We hope the value and size of the *Magazine* will be guaged by the number of ideas the pages contain and not the number of 'ems.'"

A number of publishers have expressed a desire to have the advertising list revised and published in book form, arranged by States. That this would be a great convenience, especially to journal canvassers, is apparent, and we hope to hear from other members on the subject.

We regret to announce the suspension of *The American Lancet*, in the twenty-fourth year of its existence. With the retirement of Dr. Leartus Connor, its editor, comes the announcement that Mr. Geo. S. Davis will cease to publish this old and popular journal, believing, as he says, that a proper successor to Dr. Connor could not be secured.

Both the exchange and advertising lists are undergoing revision, and the secretary will thank any publisher for information that will lead to a correction or addition in the sheets. It takes time and a great deal of correspondence to attain perfection, but if each member would respond promptly to the call for information, marking on the sheets the advertisers and journals known to be dead, as well as all the new names within his knowledge, the desired result could be reached in a short time.

To Our Exchanges.—Please insert an announcement of the approaching meeting in your next issue, or, if you desire, use the following:

Meeting of American Medical Publishers' Association.

Publishers are enthusiastic over the approaching meeting in Baltimore, May 6th, and we anticipate a very large attendance. The manager of the Eutaw House has very kindly placed a spacious parlor at our disposal, and this hotel will be headquarters for the Association. A special rate of $2.50 per day will be accorded members and their families. Mr. Simmons, of the *Maryland Medical Journal*, is chairman of the arrangement committee. Among the topics to be presented for discussion are the following:

(1) How to make your journal pay the advertiser.
(2) Shall we give a commission to regular advertising agents. If so, what per cent shall it be?
(3) What shall be done with the "reading notice"?
(4) The best method of wrapping a medical magazine.
(5) The editor as a business manager.
(6) Trade advertising; is it advantageous either to the manufacturer or the journal?
(7) Insert advertisements; does it pay to run them in your reading matter?
(8) Premiums as a means of securing new subscribers.
(9) Speculative advertisers; how to avoid them.
(10) The sample copy question.

Publishers desiring to present papers on the above, or any other subjects germain to the cause, will please send title to the secretary at once. Every editor, publisher or manager of a medical journal, of either or any school, is extended a cordial invitation to attend this meeting.

CHAS. WOOD FASSETT,
Secretary, St. Joseph, Mo.

LANDON B. EDWARDS, M. D.,
President.

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THE MEDICAL HERALD

A PRACTICAL MONTHLY JOURNAL OF THE MEDICAL SCIENCES.

HIRAM CHRISTOPHER, M. D., Editor.

To contributors of Original Articles, a liberal number of copies of the HERALD will be given (or mailed free of expense if addresses are furnished), and the publishers will furnish reprints at cost, application for same to be made when copy is forwarded.

Illustrations will be furnished FREE for all articles requiring same, if drawings are furnished.

Original Articles, Clinical Reports, Society Proceedings, Correspondence and News invited.

Address all articles for publication, books for review and exchanges to the EDITOR.

Address all correspondence relating to subscriptions and advertisements to MEDICAL HERALD Co., Sixth and Charles Streets. (See Publishers' Bureau.)

Volume XIV
Number 4 | ST. JOSEPH, MO., APRIL, 1895. | Single Copies, 20c
$2 a Year, in Advance

Contributed Articles

[EXCLUSIVELY FOR THE MEDICAL HERALD.]

"Railroad Prostate Gland."

BY S. MURDOCK, M. D., ONEIDA, KANSAS.

READ BEFORE THE SOCIETY OF THE SURGEONS OF THE ST. JOSEPH & GRAND ISLAND RAILROAD, ST. JOSEPH, MO., FEBRUARY 21ST, 1895.

TO the medical fraternity of this meeting held in the interest of railroads, (as I understand it) as one of the youngest members of your society, I have been accorded a place in your ranks, and asked to contribute something to the wellfare of one of the greatest enterprises of American industry. I feel a delicacy in even advancing an opinion when only entering the threshold where are old time workers, who, perhaps, may feel that the subject I have selected has no place in the line of work this society has in view. Hence, I will simply make a statement of my experience in the treatment of railroad men in this class of cases.

My reason for selecting this subject is two-fold. First, I have never seen or heard of this subject having been treated upon from this standpoint.

Second, I believe a great injustice has been done railroad men, from the fact that their families and friends and, in fact, many physicians are not aware that their occupation is the cause of this trouble.

Speaking for myself, when I began the practice of medicine I was led to believe, by my teaching, that all cases of enlarged prostate glands were produced by immoral habits, either directly or indirectly, either gonorrheal or other vicious habits. I was even taught that although the patient denied

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vicious habits, not to believe him. *Prescribe mercury and rest*, and if the patient got well then I knew he had lied to me. This may be a sad give-a way to my ignorance, but I assure you others older than I in practice honestly directed me in this channel. I also learned that if my patient had ever laid himself liable he became an easy prey to *sharks*; he was ever ready to pay his last cent to get well.

My practice at that time was at a railroad division, a place of ten thousand inhabitants. Becoming well acquainted with these men, they confided their ailments to me, and the great majority of them assured me professionally and upon their honor that they had led none other than an honorable life, and for fear they would not be believed, kept their trouble from their families. Many who were unable to conceal their affliction lost the confidence of their wives, and home was made unhappy. These facts led me to enquire the cause, and to my surprise, nearly every man who had been on the road any length of time answered me that they had "kidney trouble." This kidney trouble which they seemed realize first was retention of urine caused by enlarged gland; not suppression, but retention. I am led to believe that the constant strain upon the muscles, that bracing, as it were, to steady themselves, although the entire force coming through the hips, is the cause. I have read articles mapping out the evil results, to women, caused by running the sewing machine, brought about by the constant strain to keep the machine in motion. The strain upon the same muscles are very similar. The engineer and fireman, who are the greater sufferers, tell me it is in the motion of the engine, a jerk in the revolution of the wheel, and not in the up and down motion or jolt, as it were, that they realize as the strain.

Since starting to write the above I have talked with a railroad conductor who has been on the road twenty-two years; he tells me that he believes that nine-tenths of all the railroad men of his acquaintance have "kidney trouble." By further questioning this same man, I became satisfied that the real trouble was not of the kidney proper, but reflex as much so as an irregularity of heart action from dyspepsia. Among the first things complained of is prostatorrhea; the discharge that follows leads the patient to believe he has gonorrhea, if he has been exposed, as well as the physician. If mistaken, the old caustic treatment to destroy the virus is an injury. Allow me to say that only a microscopical examination will reveal the difference in prostatorrhea, spermatorrhea, and gonorrhea, beyond all question. But to arrive at a fair conclusion, as we aim to do in these cases, I first question the patient as to the probability of gonorrhea, and if doubt exists I then examine the urethra. If tenderness is near the end of penis

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I am inclined to the belief of venereal trouble, but if not, to the idea that it is their profession and not their practice that has brought about their complaint.

It is not my purpose to offer a remedy, for I know of none, yet men better acquainted with railroading may find or suggest a remedy. My purpose is to open up an inquiry in the profession, first: Is there any medical literature on this subject showing the relation of this difficulty to this class of work? If so, I have failed to see it. Second, Has this class of work any thing to do with the trouble spoken of? Third, If so, is there a remedy? Fourth, Should not the families of these men be made acquainted with the fact, by the medical profession?

The University Favored.—It was at the meeting of the American Pharmaceutical Association, held at Asheville, N. C., last September, that a fellowship to be known as the "Stearns' Fellowship of Pharmaceutical Chemistry and Pharmacology," was conceived. Prof. J. O. Schotterbeck, of the university, and Dr. F. E. Stewart, director of the scientific department of Frederick Stearns & Co., at once formally presented the matter to the president, Mr. F. K. Stearns. It was then favorably received and reported, though the details of the arrangement s were not completed until some time later. The fellowship offers excellent opportunity to graduates of the School of Pharmacy for original work as the facilities are generally admitted to be the best in the country. During the coming year, the work of the fortunate candidate will be under the immediate supervision of the dean of the department, Dr. A. B. Prescott. Only a short time since the Stearns art collection, comprising hundreds of beautiful water-color reproductions of Japanese fishes, executed at great expense by a famous Japanese artist, has been given to the university to be placed in the general museum. Let others follow the example thus so generously set by those true friends of the university.—*Detroit Free Press.*

The Sanitarian.—Twenty-Third Year.—(1873-1895.)—The *Sanitarian* will continue in the future, as it has been hitherto, devoted to the promotion of the art and science of sanitation, mentally and physically, in all their relations; by the investigation, presentation and discussion of all subjects in this large domain, as related to personal and household hygiene, domicile, soil and climate, food and drink, mental and physical culture, habit and exercise, occupation, vital statistics, sanitary organizations and laws—in short, everything promotive of or in conflict with health, with the purpose of rendering sanitation a popular theme of study and universally practical. The *Sanitarian* will continue its present form, 96 pages *text*, monthly; *two* volumes yearly. The volumes begin January and July. Subscriptions at any time. Terms: $4.00 a year, in advance; 35 cents a number; sample copies, 20 cents—ten two-cent postage stamps. All correspondence and exchanges with the *Sanitarian*, and all publications for review should be addressed to the Editor, DR. A. N. BELL, Brooklyn, N. Y.

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Anti-Tubercle Serum; The Treatment of Consumption by Sero-Therapy; Report and Presentation of Cases Treated; Exhibition of Serum, Etc.

By PAUL PAQUIN, M. D., St. Louis.

Read before the St. Louis Medical Society, Saturday, January 26th, 1895.

PRELIMINARY REMARKS.

IT would seem superfluous to say a word here on the pathology of tuberculosis. But the nature of the new treatment demands that we refresh our memory on some points of it before certain therapeutic questions, to be dealt with presently, may appear clear, or at least rational. The results of my observations and researches have convinced me beyond a doubt, that tuberculosis, in the stage of lesions, particularly when pulmonary cavities, intestinal ulcers, or other such alterations exist, becomes a mixed infection, due to the introduction of various other pathogenic microbes besides the bacillus of tuberculosis in the specific wound. Myriads of germs of the air, water, food, etc., gain access to tuberculous lesions and complicate the disease to a very grave degree. The destruction of tissue by these germs, the production of new, mixed poisons, perhaps more dangerous sometimes because of chemical combinations, are largely responsible for the irregular chills, fevers and some other pathognomonic phenomena to be seen in advanced tuberculosis. These complicated microbic disturbances, which so greatly depress and harass the system are, perhaps, assisted in their nefarious work by the toxines generated in a weakened, impaired digestive tube, which, failing to digest the food properly, leaves it the prey of various toxic-ferment manufacturing microbes. It is well to bear these points in mind when considering the anti-tubercle serum as a therapeutic agent in tuberculosis, for it will probably not affect complicating germs.

On the other hand, in tuberculosis, we should never lose sight of the natural vital resistence of the exposed and suffering individual. It is *this vital resistance* of nature that saves the number who escape all the damaging influences of the disease, and the principles underlying it explain the serum therapy. To uuderstand this vital resistance, its nature and its scope, and to increase it in medical practice, is to wield a powerful weapon against the foe. The cursory method of diagnosis, therefore, merely by the interpretation of physical signs, is not sufficient to put the doctor in pos-

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session of all the important facts necessary for an accurate interpretation of tuberculous phenomena and proper treatment. The microscope should be brought into play early and often, not only to discover the existence or absence of the bacillus of tuberculosis, but also to establish the differential nature and state of the organic lesions as far as possible, and to realize the nature and extent of the mixed infection when it exists.

SERO-THERAPY IN TUBERCULOSIS.

I began the serious study of tuberculosis and experimentation in 1888, at the University of the State of Missouri, at Columbia. During my services* at that institution I had unsurpassed opportunities for studies in comparative pathology and experimental researches. Early in my investigations of tuberculosis I became convinced that the equine species is, to a certain degree, naturally immune to the disease, the ass being less susceptible, possibly, than the horse, although I am by no means convinced of this. Later, following step by step the work of Metchnikoff on the Theory of Phagocytosis, Kitasato and others in the antiseptic properties of blood serum I formed the conclusion that the chief and direct basis of immunity was lodged in the blood. When the Japanese scientists, just mentioned, published that properly immunized blood serum was efficacious to cure tetanus (lock-jaw), revealing by this momentous discovery the great secret of Nature's force in resisting this disease, the light began to dawn in my mind, as in that of every medical man, doubtless, that the prevention and cure of contagions by the use of Nature's own remedy was only a question of time. Not many years after came the welcome announcement that diphtheria was curable by the use of specially immunized blood serum. The press also reports that investigators in Switzerland and France are testing the blood serum of the ass in tuberculosis. Now, I beg to report that by the same principle which underlies the anti-toxic serum of Kitasato for tetanus, of Baehring and Roux for diphtheria, although the technique of immunization necessarily differs in certain parts, the horse blood serum may be rendered antagonistic to tuberculosis. This I have accomplished in laboratory experiments, and the result obtained in treating consumptives in the first and sceond stages and the beginning of the third stage indicate, very pointedly, that sero-therapy may master this dreadful plague. Indeed, I dared not hope for such universal improvements as were obtained. While in advanced consumption with cavities, or other serious lesions, impairing important organs graveiy, I have not yet arrived at a point where I may formulate reliable deductions, It can be said that a large per cent of the cases

*The scientific experiments carried on then and since, both in the laboratory and in the field, including the technique of my method of producing anti-tubercle serum, will form the subject of a special paper This will contain explanations and results as per records kept.

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seriously involved increased from five to sixteen pounds in from six to eight weeks, without any tonic and without any specially reconstructive diet, only the regular City Hospital or Poor House fare being admitted; whereas, every witness case in the same ward suffering with the disease in practically the same stages, untreated by blood serum, continued to decline steadily or failed of improvement. The treated cases soon began to sleep better, to cough less, expectorate less, eat with relish, their night sweats diminished, they became more cheerful, encouraged. In a couple of instances at the Poor House cough and expectaration ceased entirely in less than eight weeks, while all the general signs of good health reappeared. There is scarcely enough expectoration in these to make microscopic analysis, and the germs are no longer to be found. In all cases of improvements the bacilli of tuberculosis have materially decreased in numbers. I have also several cases with large cavities which have improved remarkably. I have brought here to show you some of the worst which we have under treatment, that you may judge for yourself of the nature of the affection and its lesions. These bad cases with marked alteration of lung tissue have gained a number of pounds in weight in less than eight weeks and have improved in every way. Two of these were stretcher cases when brought to the City Hospital. Both had been condemned as hopeless, by a number of physicians. One of these, Mr. Cummings, now weighs more than he ever did at his best, when he was perfectly sound and healthy. We have not had any case of any kind under treatment longer than eight weeks, and obviously it is too early for me to express unqualified conclusions, particularly on the serious conditions, which, to be cured, demand that Nature shall build new tissues to fill the gaps. But that sero-therapy will arrest consumption, personally, I feel sanguine. We have, at least, a rational basis for our hopes.

None of the improvements can be ascribed to mental influences, as it was in nearly every case against the will of the patient that we injected them. For four weeks or more, the cases at the City Hospital fought and objected, and it was only after realizing the benefits themselves that they submitted gracefully.

These results certainly point to a decidedly favorable ground to hope for more success. If in such a short time, under such circumstances, and in such surroundings, viz: a Poor House and a City Hospital, one can put fat and flesh on a consumptive, while untreated witness cases, under the same conditions, continually fail, what may we not hope if consumptives in the first and second stages, at least, are placed in a modern sanitarium or kept in their homes even, and surrounded by all the cares that increase

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good health and in the conditions allowing the constructive diet that should be granted such unfortunates? What may we not expect if we give them, furthermore, all the sanitary conditions that aid Nature to cure or arrest tuberculosis in any event? I do not forget that changes in condition produce increase in weight in tuberculous cases, but the cases under discussion seem to have increased health out of proportion to the others under similar conditions.

RECORDS OF CASES.

Mike Morley, age 53; pulmonary tuberculosis in the second stage. Had been ill 7 years. Family tuberculous. Left lung affected below the scapula at the back; dullness of the left (?) apex. Chest measurement in expiration 36; inspiration, 37½ inches; dilatation of only 1½ inches. Coughed considerably; expectoration yellowish, blood tinged; sometimes pure blood. Began treatment December 1st, 1894; weight 165 pounds; lung capacity 110 cubic inches of pure air. January 26th, weight 170 pounds, lung capacity 110 cubic inches of air. Increase in weight in about eight weeks, 5 pounds.

Charles Reck, age 18, began treatment November 29th, 1894, discharged January 3rd. Was brought to the City Hospital on a stretcher, could hardly rise on his chair to eat. Tuberculoses of the lungs in the third stage; duration two years. Cavity in the left intra-clavicular space; expectorated a good deal of blood and sputum. Gained 19 pounds in a month.

Phil. Hye, age 35; pulmonary tuberculosis, second stage; coughed six years; was very emaciated; dullness in both apices. Chest measurement at expiration, 30 inches; inspiration, 31, dilatation of only one inch. Coughed constantly night and day; muco-purulent expectoration. Began treatment December 1st; weight 81 pounds; was sleepless. January 26th, weight 89 pounds, an increase of eight pounds in less than eight weeks; cough disappeared almost entirely; sleeps well. This patient was very weak on entering the City Hospital; was sent here from Texas, having been given up as hopeless by physicians of El Paso, and San Antonio, Texas, who sent him home to die. He had also been condemned as hopeless at the Alexian Brothers Hospital, of Chicago, where he had been under Koch's treatment. The patient is now around and about.

George Dobson, (or Dolson,) age 28 years; had been seriously ill for two months; pulmonary tuberculosis of the second stage; had had hemorrhages occasionally; dullness in the right apex in infra-clavicular region; expectoration scant. Began treatment December 1st; weight at that time 107 pounds; weight January 26th, 117½ pounds; a gain of 10½ pounds in less than eight weeks. Lung capacity at the beginning, 100 cubic inches of air; lung capacity January 26th, 150 cubic inches.

John Smith, age 25, pulmonary tuberculosis, second stage; duration two years; mother died of consumption. Had lost 30 pounds in two years; affection of the left apex; large cavity; adhesive pericardius and pleura; coughed particularly in the morning. Weight December 1st, 145 pounds, January 26th, 154 pounds; a gain of nine pounds in less than eight weeks. Lung capacity 170 cubic inches on December 1st; lung capacity 180 cubic inches January 26th; increase of 19 cubic inches.

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Otto Mays, age 58, pulmonary tuberculosis; had been sufferinf for several years. Appetite poor, coughed considerably, had slight hemorrhages several times in the morning. Weight, at the beginning of the treatment, December 1st, 135 pounds, lost flesh gradually until he reached 131 pounds on January 1st. Is now gaining and has gained 2½ pounds between the first and 26th of January. Lung capacity at the beginning of the treatment, 110 cubic inches; January 26th, 160 cubic inches. This patient is one of those who had an abscess during the process of treatment, during which time he lost in weight without fever. He is now gaining.

Nicholas Robinson, age 61, pulmonary consumption in the second stage; duration two and a half years. His mother died of consumption. He had several hemorrhages, night sweats, coughed seriously at nights, expectoration great. Affection located in infra- and supra-clavicular regions both sides, dullness quite marked. Weight at the beginning of the treatment, 119 pounds; weight January 26th, 131½ pounds. Has gained 12½ pounds in less than two months. Lung capacity 150 cubic inches December 1st; lung capacity January 26th, 180; increase of 30 cubic inches. This patient could not talk when brought to the hospital; was given up as hopeless. Laryngeal tuberculosis. Was sleepless; now sleeps well; coughs very little; has a good appetite and feels stronger.

John Cummings, age 49 years. Weight, 90 pounds December 1st; weight January 26th, 106 pounds, a gain of 16 pounds in less than two months. Lung capacity December 1st, 100 cubic inches; lung capacity January 26th, 110, a gain of 10 cubic inches. This man had hemorrhages all last summer and before that, and was almost bedfast. Very emaciated, bones almost protruding; the nurse was afraid of bed sores; the case was despaired of; appetite was lost, coughed considerably and expectorated a great deal. Is now improving continually; is up and about and able to go up and down stairs, and feels in better health in every way. (Is cured of a persistent constipation.)

John Broderick, age 24, pulmonary tuberculosis in the third stage, duration over year. Brother died of quick consumption. Was very weak, emaciated, had a cavity in the left infra-clavicular region; coughs continuously for two months previous to treatment. Weight January 1st, 107½ pounds; weight January 26th, 115 pounds, an increase of 7½ pounds in less than eight weeks. Lung capacity 100 cubic inches December 1st; lung capacity has since varied between 110 and 140 up to January 26th, 1895. This is one of the two cases who had an abscess in the back. He was almost bedfast when treatment began; coughed a great deal night and day; was very weak. Now coughs very little; no more pains or distress; is up and about and on night detail duty.

Henry Riley, aged 34. Weight at beginning of treatment December 1st, 115 pounds; weight Janua.y 26th, 124 pounds, a gain of nine pounds in less than eight weeks. Pulmonary consumption in the second stage; duration one and a half years. Tuberculosis in family. Had night sweats, diarrhea, marked dullness in the right sura- and infra-clavicular region, appetite poor, coughed frequently at night, expectoration considerable. Was a very sick man, but has improved until now he is on detail duty.

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James McGafferty, age 48, pulmonary consumption, second stage; duration of cough several years; serious illness in the five weeks preceding treatment; spat blood during this period, diarrhea was frequent, dullness in the left supra- and infra-clavicular region. Weight at the beginning of treatment December 1st, 106½ pounds; weiget January 26th, 129½ pounds, a gain of 25 pounds in less than two months. Lung capacity at the beginning, 130 cubic inches; lung capacity January 26th, 160 cubic inches, an increase of 30 inches. Was a very sick man, unable to do anything. Is now on duty at City Hospital. Diarrhea stopped.

Thos. Morrison, age 43, pulmonary tuberculosis, second stage; duration over three years; had hemorrhage in 1891. Cavity in left apex, pronounced dullness in the right infra-clavicular region, tubular breathing over the same region; appetite poor, cough and expectoration pronounced. Had been in the City Hospital off and on for several years. Weight at the beginning of treatment December 1st, 156 pounds; weight January 26th, 158 pounds. Lung capacity at the beginning of treatment, 160 cubic inches; lung capacity January 26th, 170 cubic inches. Is very slightly in better general health.

John Hopkins, age 48, pulmonary tuberculosis, advanced first stage; duration two years. Mother died of consumption. Digestion was bad, cough getting continually worse, had lost flesh. Weight December 1st at the beginning of treatment, 137½ pounds; weight January 26th, 144 pounds, an increase of 6½ pounds in less than two months. Lung capacity at the beginning of treatment, 250 cubic inches; lung capacity varied between then and now, between 260 and 270 cubic inches.

Conrad Hogan, age 32, pulmonary tuberculosis in the second stage. Family history good. Had slight hemorrhages, night sweats, was getting weaker daily. Right apex involved and dull; coughed considerably. Weight at the beginning of treatment December 1st, 135 pounds; weight January 26th, 142 pounds, a gain of 7 pounds in less than two months. Lung capacity at the beginning of treatment December 1st, 180 cubic inches; lung capacity January 26th, 200 cubic inches, an increase of 20 inches.

Henry Willer, age 46, pulmonary tuberculosis, third stage. No family history of consumption. Both apices involved, had hemorrhage. had been ill five years. His disease began with pneumonia. Lung capacity at the beginning of treatment, 140 cubic inches; lung capacity today is the same. Weight December 1st, 133 pounds; weight January 26th, 132½ pounds, a loss of ½ pound. Temperature normal; expressed himself as feeling in better condition. It is not a favorable case; was losing fast before treatment.

Nile Johnson, age 34, pulmonary tuberculosis, third stage; duration twenty months. Dullness on percussion of the apices, tubular breathing; hemorrhage a year ago; expectoration not very pronounced. Weight December 1st at beginning of treatment was not recorded. January 1st, 156 pounds; January 24th, 158 pounds, a gain of two pounds in less than one month. The patient is not a favorable case, has variable temperature and chills occasionally.

Nicholas Schappo, age 56, pulmonary tuberculosis, second stage, two years duration; night sweats; left apex dull; coughed considerably at night

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and expectorated very much. Weight December 1st, beginning of treatment, 108 pounds; weight January 26th, 107 pounds, a loss of one pound. Lung capacity December 1st, 140 cubic inches; January 26th, 150 cubic inches, an increase of 10 cubic inches. This man is ageing and broken down generally, and is not a favorable case, although he holds his own, and lung capacity is better. This is one of the patients who had an abscess on the back. He was going down hill fast before treatment. General tone undoubtedly improved.

Conrad Opperman, age 47, pulmonary tuberculosis in the third stage; duration of serious symptoms six months. Mother died of consumption. Had had night sweats; was exceedingly emaciated; very weak. Cavity in the right infra-clavicular region; coughed in the morning considerably. Has diabetes. Weight at the beginning of the treatment December 1st, 79 pounds; weight January 26th, 81, an increase of two pounds in spite of diabetic phenomena. Lung capacity at the beginning of treatment, 50 cubic inches; has varied since then between 50 and 70. This man was a stretcher case, brought to the hospital helpless, could not get up the stairs for a long time, even after he began treatment; was very thin. Is now improved, coughs no more, is in better health, has better appetite, sleeps better.

Fritz Arnold, age 59, pulmonary tuberculosis, second stage; duration two years. Tuberculosis in the family. Cough persistent, expectoration profuse, appetite bad. Weight at the beginning of treatment December 1st, 122 pounds; weight January 26th, 127 pounds, a gain of 5 pounds in less than two months. Lung capacity December 1st, 30 cubic inches; lung capacity has since varied between 80 and 100. This is a broken down constitution generally, but has improved in spite of it, whereas he was steadily declining before.

William Murray, age 41, pulmonary tuberculosis, second stage; duration one year. Family history good. Is a drinking man. Consolidation right apex, night sweats, blood sputum, appetite poor, coughed a great deal, expectoration profuse. Weight December 1st, 132 pounds; weight January 26th, 134½, a gain of 2½ pounds. Lung capacity at the beginning of treatment, 70 cubic inches; lung capacity January 26th, 120 cubic inches, a gain of 50 cubic inches.

Thos. Bennett, age 64, pulmonary tuberculosis, second stage. Been coughing four months, very emaciated, affected with long-standing gastritis. Right supra-clavicular region involved, dullness, lungs emphysematous, appetite poor, coughed considerable, sputum sometimes tinged with blood. Weight December 1st, at beginning of treatment, 125 pounds; weight January 26th, 130 pounds, a gain of 5 pounds. Lung capacity stays at 110 cubic inches.

Martin Lemp, age unrecorded. Weight at the beginning of treatment, December 1st, 131½ pounds; weight when discharged January 10th, 151 pounds, making an increase 19½ pounds in six weeks. Lung capacity increased from 170 at the beginning of treatment to 190 when discharged, a gain of 50 cubic inches.

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All of these records were kept accurately by the physician and nurse in charge of the cases at the City Hospital, and by Dr. Cale, physician in charge of the Poor House cases, whose valuable assistance I secured, chiefly to act as witness physician, as soon as I had gained the idea that blood serum was truly useful for the purpose intended. Dr. Cale was selected because of his qualifications in microscopy and surgery, accomplishments required in a man whose help it was desirable and policy to employ, to verify each case microscopically and to give an opinion on surgical cases of tuberculosis, which I then wished to secure for experiment. The sputum of every case treated contained the bacilli of tuberculosis before we began. Dr. Cale mounted specimens from each, and he and I examined every one of them. The sputum was again analyzed after several weeks treatment, with the results above explained. All mounts have been labeled and kept for future reference. At the City Hospital, after the inauguration of the treatment, the immediate supervision of the injections and attendance was by Dr. Ehrlich, who did his duty carefully and conscientiously. Mrs. Johnson, a very competent woman, was in charge as nurse.

Blanks, worded as the sample shown you, were used, blank A being for the daily reports, and blank B for the history, nature, etc., of each case, and the compilation of the daily records at the end of each month. And so, for each case, every precaution was taken that seemed necessary to insure reliable records and to convince the medical profession of the truth of the facts reported.

THE PREPARATION OF THE SERUM AND ITS APPLICATION.

By the use of the proper toxines we gradually rendered horses more strongly refractory to the action of the germ than they are naturally. Immunization was carried on with the assistance of a deputy state veterinarian. Dr. Rouif, of this city, who had previously kept the horses under surveillance and had examined and tested them carefully with me, and independently, until we had convinced ourselves of their healthfulness. He did his work admirably.

Having immunized horses and tested the serum by experimental processes and noted its effect on animals, and having injected it in myself to determine its reaction, it became necessary to procure a number of tuberculous patients to test its value in human consumption. With this object in view, I secured from Dr. Homan, Health Commissioner, the permission to select a few cases at the Poor House for treatment; and also secured from Dr. Marks, Superintendent of the City Hospital, leave to try the remedy in this institution. Both these officials have been very kind and entered into the scheme of test with a geunine scientific spirit. They turned over to

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me and my colleagues all the cases we wanted, and expressed their good will in many ways. I owe them my sincere thanks for their generous assistance, and am under obligations to them, as also to the physicians at the Poor House.

The treatment began with injections of ten drops hypodermically, in the back between the shoulder blades. In a few days we increased to twenty drops, then to thirty, forty and sixty. Some were given as many as seventy drops once a day for a while. In a few in private practice, I have injected as much as 150 drops at one sitting, every day for several days. No reaction whatever followed these injections, and the pain was no greater than after the usual injection of a morphine solution. There resulted no accidents whatever, from a total of over 1,500 injections in the various patients, except at the City Hospital, where two benign abscesses were produced, as occurs sometimes after other kinds of hypodermic injections. They were, without doubt, due to micro-organisms in the syringe, probably on the leather ends of the piston of the syringe used at the time, or in the needle. Careful disinfection of the syringe will always prevent this accident. The serum was, in fact, *inocuous;* it seems absolutely so, if well prepared.

PROSPECTS OF SERO-THERAPY.

The future of the serum-therapy in several infectious diseases is secured beyond peradventure. We may have been too enthusiastic and may have expected more than we can now obtain, perhaps; and possibly, the enthusiasts may be painfully disappointed in their hopes for immediate wonders from the sero-therapy in diphtheria, tetanus, etc., but the fact will always remain that this system is unquestionably rational, and eventually it must yield success in therapeutics where all else must fail, for it is the one rational, truly physiological treatment; the only treatment, in my humble judgment, from which can be derived positive beneficial resuls in the cure of infections. It is Nature's own remedy. Man, with the serum, is using Nature's own weapon of defense; he has found out how he may add power to the natural resources of the organization in the fight for human existence. This system of treatment is not a spontaneous eruption in therapeutics. It is not an explosion in over-zealous laboratory delvers, with more theory than experience; it is the result of years of research in all the laboratories and in the chief clinics of the civilized world, particularly France and Germany. And it is not only yesterday that it appeared in practice. It was several yearsago that Kitasato applied his antitoxine successfully against tetanus. Diphtheria had been treated successfully for a year or more. Syphilis is now treated experimentally with it; and lastly, your humble servant begs to submit to your indulgent criticism, the result of his

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meagre labors conducted under extreme difficulties, (without state or financial aid, that is, when these were most needed) particularly during the applications and experiments of the last two years. The future of serotherapy in tuberculosis is, in my mind, very bright and very promising. The first and second stages have been benefited under unfavorable circumstances, by only slightly immunized serum. Consequently, it is only fair to reason that with more strongly immunized serum, such as is now ready to use, (I have only a limited quantity) much better and quicker results can be obtained, particularly if better hygiene and dietetic conditions obtain. Theoretically it would seem that if by the use of this serum constitutionally the tuberculous processes may be arrested in a given case, injections directly into the pulmonary cavities, where these exist, or the excision of a rib or two and the use of the tubercle antitoxine directiy into the wound, or perhaps some other direct antiseptic medication, would prove practicable and useful to save life. It would seem, too, that such cases as hip-joint disease, which, according to statistics, are more successfully treated by the expectant therapy than active operation, could be safely operated after the arrest of the tuberculous process; for, as Koenig has pointed out, it is the operation that disseminates the bacilli in such cases, so many of which terminate fatally after the usual surgical interference and the usual after treatment. And so in all surgical cases of tuberculosis, whether it invades the bones, the joints, the skin, the tendons or other organs, or several of them, if the serum will, by some means, stay the microbes, as I have every reason to believe it will, there is ground for hope on its introduction to therapeutics.

Besides the use in the treatment of tuberculosis, we have, of course, to consider the means of protection of those exposed, by the practice of periodical injections of antitubercle serum, which will render the susceptible immune, for a while, at least. As a prophylactic, the serum should prove very useful in the preservation of families tainted by inheritance, or exposed to the germs from their birth.

In closing allow me to summarize the opinions arrived at after my few years of investigation and observations and the recent incomplete practical tests of my colleagues and myself.

A. Sero-therapy in tuberculosis is efficacious.

B. Blood serum of horses is naturally feebly antagonistic to the germs of tuberculosis, but in its natural state it is too slow, and it takes quantities too enormous for use in treatment.

C. Horse blood serum may be rendered strongly antagonistic to this germ by the proper treatment of the animals with properly prepared and tested toxines of the right character. But the serum thus obtained should

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never be used without previous tests as to its degree of immunity, and its purity from a microbic and chemic standpoint.

D. A horse properly treated three months may yield serum with immunizing power that will probably prove sufficient to arrest consumption in the first stages, in three or four months, and sometimes in less time; and in the second stage in four to six months.

E. Discrimination should be made in the selection of cases, and judgment exercised to exclude from the favorable class all those seriously complicated bacteriologically, certain cases otherwise pathologically complicated, and other patients which practice alone will suggest.

F. In as much at hospitals for consumptives are sadly needed any way, the success has already been sufficient to warrant the hope that, in the near future, such institutions will be built on modern principles of hygiene, for the exclusive treatment of tuberculosis. The sero-therapy, with the adjunct treatments, promises better success than we had grounds to hope for before. However, I do not present the new treatment as a specific, or a cure; I merely report progress in our investigations. Had I been able financially, and had I control of a hospital, I would not have reported for six months more.

TECHNIQUE.

As to the technical features of the preparation of the *anti-tubercle serum* I have little to say at present. The profession realizes that success with the serum therapy depends on accurate and delicate labaratory experimental manipulations, which few are fully equipped to undertake. The preparation of the toxines, the measurement of their potency, the dosage for the realization of immunity, and finally, the innoculations of immune animals and the subsequent tests of the purity, the therapeutic value, of the serum extracted, and a hundred little details of moment, are all questions of great importance, which necessarily involve special training. Commercialism might, at any moment, by some failure or accident, throw discredit on the new treatment, were I to explain in full the details of procedure in the production of the agent, before I have completed my researches to a point where we may show a larger number of improved cases and greater benefits. we have only a limited quantity of serum on hand—not enough to offer to the profession—having under treatment some thirty cases, whom we have promised and wish to inject for some time to come. The production of the serum is costly and, above all, it takes months to get the best material. I have reason to believe, however, that we have found the key to shorten materially the time which was found necessary to strongly immunize the horses now in use.

Vista Block, Grand Avenue; and the Union Trust Building.

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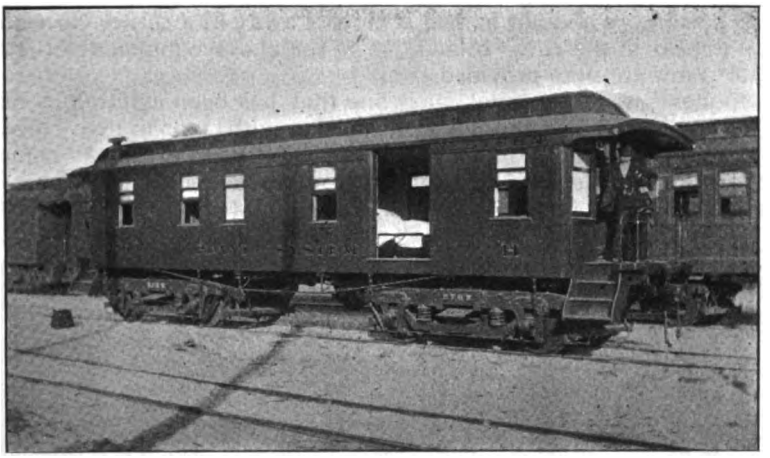
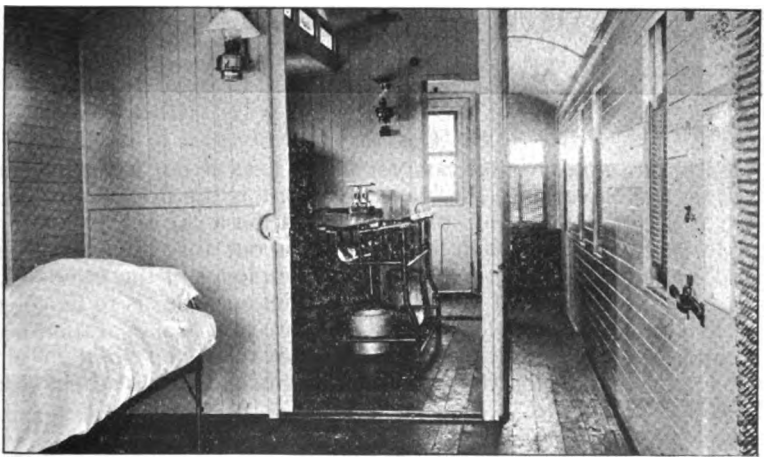
Savannah, Florida & Western Railway Co's New Hospital Car.—Through the courtesy of Dr. Frank H. Caldwell, Surgeon-in-chief of the above named road, we are enabled to present our readers with a series of cuts of this car. These will enable them to understand its construction much better than any article giving a description in detail.

Cut No. 1 represents the exterior of the car, which you will notice is provided with a wide door at the side for the admission of the patients, through which can be seen, in part, the furnishings of the car.



Cut No. 1

Cut No. 2 gives a view of the operating-room as seen from the bed-room, showing the operating table and other paraphernalia necessary for



Cut No. 2

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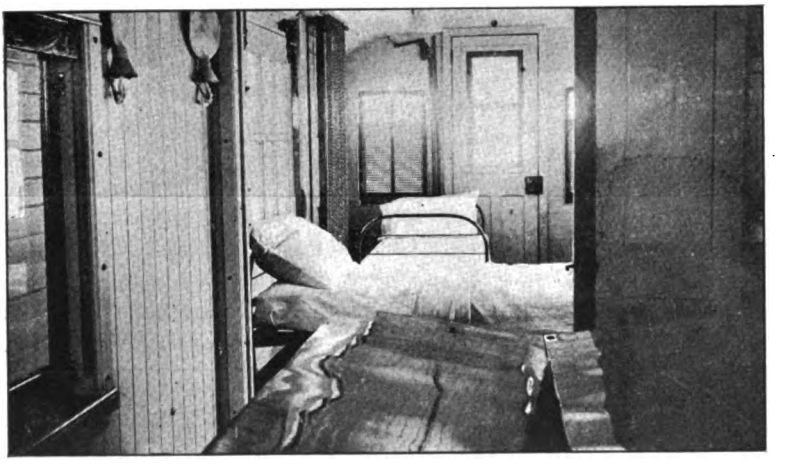
the proper equipment of this room, beyond which will be seen, through the hall a portion of the sitting-room, and to the left a bed with the head placed against the partition of the operating room, just beneath a wall-lamp.

Cut No. 3 is a view of the bed-room, showing one bed at right angles, and the other lengthwise of the car. These beds are portable and can be changed to suit the necessities of the case, or can be stowed away out of the road, as will be seen by the frame work and mattress of a third bed neatly tucked away against the left wall of the car. The bedsteads are all made of iron, and are so constructed as to be readily folded when not in use, giving additional room in the ward department of the car.

The bedding, when not in use, is stowed away in a corner closet, which does not appear in the cut. In addition to the above equipments a lavatory and water tank are here provided.

The question of a hospital car is one that has been agitated in railway circles for several years, and whilst it has met with favor in many directions yet it has been opposed in others, and the result is, that railway companies have been slow to adopt it and maintain it on their lines. Notwithstanding announcements have been made through the press, of one or two roads having decided to put on a hospital car, yet to the best of our knowledge at the present time, the Savannah, Florida & Western is the first in this country to construct, equip, and put into practical operation a car of this description. Much credit is due Dr. Caldwell for bringing about this innovation for the caring and handling of the injured and sick employes of the company. At the same time the company for which he is chief surgeon, is to be congratulated for listening to his advice and putting into practical operation his suggestions, and by so doing have taken an advance step in their already elaborate arrangements for the prompt and efficient care of their sick and injured.—*Med. Fortnightly.*



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DEPARTMENTS

PATHOLOGY AND BACTERIOLOGY.

In Charge of E. B. LA FEVRE, A. M., M. D., Abilene, Kansas.

THE IDENTIFICATION OF THE TYPHOID FEVER BACILLUS.

JORDAN (*Journal of the American Medical Association*, Vol. XXIII, No. 25) very thoroughly sums up the work already done, having for its object the identification of the Eberth-Gaffky bacillus—the germ causative of typhoid disease, at the same time quoting the views of the various authorities throughout the world upon this very important and highly interesting topic, and in conclusion formulates the following ideas, which he believes indicate the prevailing opinions among those whose investigations permit them to speak with confidence:

"1. There is usually found in the spleen and other organs of an individual dying of typhoid fever, a bacillus which possesses certain definite morphologic and physiologic characteristics."

"2. This bacillus, when viewed in the light of all its characters, can be distinguished from the other members of the coli-typhoid group. No single character, however, is 'characteristic,' and nothing short of an enumeration of all the known morphologic and physiologic properties of the bacillus is a sufficient basis for diagnosis."

"3. There exists a well-nigh complete chain of varieties between the typical colon bacillus and the typical typhoid bacillus. Whether this represents ontogenetic as well as phylogenetic possibilities, is still an open question."

"4. The intermediate varieties, of which there appear to be many, resemble the typhoid organism very closely. It is still uncertain whether they are able to cause typhoid fever, or a disease resembling it, in man."

"5. The cases of alleged conversion of one 'species' or 'variety' into another do not carry conviction, and are susceptible of other interpretations than those advanced regarding them."

THE LEUCOCYTES IN CROUPOUS PNEUMONIA.

Billings (*Johns Hopkins' Hospital Bulletin*, November, 1894) carefully reviews the investigations of the different writers on leucocytosis in pneumonia, from its first mention by Piorry in 1839 to the present day, and also recites the results obtained from his examination of the blood of twenty-two individuals suffering from this affection.

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Of the twenty-two cases, twelve recovered and ten died. Of the twelve favorable cases, four ended by lysis and eight by crisis. In the four cases ending by lysis, there was marked leucocytosis at some period of the disease. Before setting in of the lysis, no correspondence between the temperature and leucocyte charts could be noted. In all four cases the two curves began falling together, the leucocytes not reaching normal until one, four and fourteen days after the temperature in case one, two and three respectively. In case there was delayed resolution, and the leucocytosis had not entirely cleared up on discharge.

Of the eight cases ending by crisis, seven showed marked leucocytosis during the febrile period, and in the remaining one the leucocytes remained normal until the temperature fell, but once during recovery the leucocytes reached 13,000. There was no daily correspondence between the two curves in any of these eight cases before crisis. The leucocytes began to fall before the temperature in three cases, with it in two, and after it in three. The fall was only partial in six cases, and they did not reach normal until from two to eight days after the temperature. The leucocytes in the twelve cases ending in recovery ranged from 10,000, the lowest, to 68,000, the highest number noted at any time.

Of the ten fatal cases only one showed a complete absence of leucocytosis during the entire course of the disease. Two cases ranged relatively low, never being above 19,000. In three cases the leucocytes were practically normal on admission, but gradually rose during the ensuing three or four days, touching just before death 30,000, 32,000 and 30,000 respectively. In two cases they were high on admission, but fell steadily from that time on until death. In one case they were normal for the first two days, but rose sharply to 20,000 24 hours before death, falling slightly just before the end. In one case they behaved as one would expect in an uncomplicated case ending in recovery.

Thus we see that in fatal cases the behavior of the leucocytes varies widely, but that continuous absence is the exception, not the rule.

The following are the conclusions arrived at by the author from his study of these twenty-two cases:

"1. In cases of pneumonia pursuing a favorable course there is, as a rule, a marked increase in the number of the leucocytes during the febrile period of the disease. This leucocytosis is probably present at the time of the chill, and may be very marked within a few hours. There is no correspondence between the daily temperature and leucocyte curves during the febrile period."

"2. In those cases in which the temperature curve falls by crisis, the leucocyte curve begins to fall within a few hours of the same time. The

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fall of the latter is only partial, however, and rarely reaches normal as soon as the temperature curve, generally taking about 48 hours longer. In cases ending by lysis the two curves fall together, the temperature always reaching normal first. In cases of delayed resolution the leucocytes may remain elevated for days."

"3. In a majority of the cases the leucocyte curve rises during the period of full temperature, and may reach its maximum at that time. Such a rise is only transient, however, and is soon followed by a fresh fall."

"4. In cases showing extensive involvement of both lungs, the leucocytes are apt to reach a higher point than in those cases where the involvement is only moderate. The correspondence of lung involvement and amount of leucocytosis is a very rough one, however."

"5. The fatal cases may show either the presence or absence of leucocytosis. In those cases showing a leucocytosis, some other cause of death than the virulence of the bacterial poison must be sought for."

"6. The prognosis in cases showing a complete and continuous absence of leucocytosis is unfavorable, as a rule. A continuous absence of leucocytosis is the exception, most cases showing a leucocytosis at some period of the disease. The possibility of the absence of leucocytosis being due to extreme mildness of the disease must not be overlooked."

"7. The leucocytosis in pneumonia is a so-called pure leucocytosis, i. e., an increase in the polynuclear elements solely. In cases showing no leucocytosis, the blood condition according to the observations here reported, is normal. Further investigations are necessary before the work of previous observers can be positively contradicted."

"8. The presence or absence of leucocytosis only shows the virulence of the bacterial poison. It is not a criterion of absolute prognosis."

A NEW CULTURE-MEDIUM FOR THE BACILLUS OF DIPHTHERIA AND OTHER BACTERIA.

Ball (*Medical News*, November 24, 1894) has demonstrated that ordinary coagulated blood forms a suitable and easily prepared medium upon which to grow the Klebs-Loeffler bacillus for diagnostic purposes. For diphtheria a transparent medium is not a necessity. The grayish-white colonies are plainly visible on a dark background.

In his own words, Ball prepares what he terms "*nutrient blood-coagulum*" as follows: "The blood of an animal is collected in a sterilized jar or bottle. As soon afterwards as possible, small sterilized glass test-tubes are filled one-quarter full of the pure blood, before it has clotted, or of the colored fluid portion which has separated if clotting has already begun. The tubes are then placed in a slanting position (a small tin box can easily

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be constructed for this purpose, or improvised so that the tubes will lie nearly horizontal) in a water-bath, and slowly heated until the water in the bath is boiling; the boiling should be continued for ten minutes or more, until the blood has coagulated and become solid. It then has a chocolate color and a moist-appearing surface, upon which a stroke-culture can be made. If the tubes are to be kept for any length of time they can be sterilized two or three times at a temperature of 85° C. without injuring the medium."

As the diphtheria germ grows best at the temperature of the body, this writer suggests that in the absence of laboratory apparatus, the inoculated tubes might be enclosed in a small box, so as to prevent breakage, and worn in the night-shirt pocket of the patient, or the inside vest-pocket of the physician, until development occurs. Diphtheria was diagnosticated after ten hours on the coagulated blood. The author thinks that this method could be applied to pathogenic germs other than those of diphtheria, such as the bacillus tuberculosis, etc.

The advantages set forth for nutrient blood-coagulum are its ease and rapidity of preparation. It can be prepared with only such apparatus as is always at hand, and the dark color of the culture soil brings the light-colored colonies into strong relief, thereby allowing of early diagnosis.

THE PATHOGENIC MICROBE OF THE BUBONIC PLAGUE.

According to the *St. Louis Medical and Surgical Journal* (February, 1895, p. 99), the French government dispatched Surgeon Yersin to Hong-Kong, China, to determine the specific cause of the epidemic raging in that country, known as the "*bubonic plague.*"

Yersin arrived in Hong-Kong about June 15, 1894, and the day previously Kitasato arrived in the same city upon a like mission. Each investigator went to work separately and independently of the other, and in about the same space of time—three weeks—independently isolated the causative germ of the disease.

This phase of the work beautifully illustrates the perfection of bacteriologic *tecnique*, as these men carried on their investigations without the knowledge of the presence of the other, and arrived at identically the same results in about the same length of time.

Both of these observers found the specific organism to reside in the blood itself; and where the malady is well advanced it is necessary to with draw only a drop of blood from the finger-tip in order to demonstrate the germ. At the outset of the disease it may be necessary to examine several specimens before one will be encountered containing the infecting microbe. This same germ was also found in the enlarged lymphatic glands, the

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"*bubonic swellings*," which are a necessary accompaniment of this disease, the enlarged glands are said to be filled with a substance of a "*mush-like*" consistency, which latter, on examination, was shown to be made up of almost pure cultures of the organism. Examinations made of individuals having died from this affection "revealed the presence of the pathogenic microbe in the blood of the heart, in the lungs, liver, spleen, brain and intestines."

Both investigators found the bacillus to be easily cultivated artificially on bouillon and glycerin-gelatin at the body temperature in the incubator; the ordinary *technique* for such work being utilized. Tubes thus inoculated were at the end of twenty-four hours found to be "teeming with the specific micro-organisms."

The artificial cultures injected into mice, rats, guinea-pigs and rabbits caused death in from two to five days, death being preceded by the ordinary phenomena of the bubonic plague. The lesions produced in these animals are said to be nearly identical with those found in animals dead of anthrax.

These physicians conclude that the "*free infecting microbe makes its habitat in the soil, like those of anthrax and cholera, and that the disease is transmissible by the inhalation or absorption of dust, refuse, etc., either alone or in articles of alimentation.* A guinea-pig fed with food in which the sweepings of an infected house were mixed had every symptom and lesion of the plague. The bacillus was detected by both physicians in the internal organs of rats and mice found dead in the same house."

The fact had long ago been noted by the resident physicians of China, that "flies swarming around the cadaver of plague-stricken animals died in great numbers,"

Dr. Yersin isolated the bacillus from a specimen of earth taken from the soil under an infected Chinese house.

From their investigations, Yersin and Kitasato conclude that, at least in China, flies, rats and mice are the most frequent carriers of the bacillus causative of the bubonic plague, and that its probable natural habitat is the soil.

A New Cure for Insanity.—Professor Wagner, of Vienna University, expounded a cure for insanity to the Medical Society, February 23, 1895. He injected Koch's tuberculine, causing a fever, after which the insanity diminished. He repeated the treatment a few times, each injection lessening the insanity until eventually it vanished.

Oil of Cinnamon, citric acid, eucalyptus, peppermint oil, and a few other drugs comprise all the germicides the profession can depend on. Such is the dictum of the Pasteurine Institute and the Municipal Laboratory, Paris, as well as of Sternberg's great work on bacteriology. These agents are now combined in most efficacious form in the name Pasteurine, prepared in both liquid and tablet form.

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SURGICAL PROGRESS.

By EMORY LANPHEAR, M. D., Ph. D., St. Louis, Mo.

Surgery of the Pericardium.—Some time age when I reported aspiration of the pericardium and withdrawal of the accumulated fluid, in a case of hydro-pericardium in which the heart's action was labored, I was criticised as "too bold" and "too aggressive." Recently, however, a number of operators have made the pericardium the subject of operative procedures. One of the most remarkable cases yet reported is that of Dr. H. C. Dalton, of this city. The history is that a man 22 years of age, received a stab in the chest 1½ inches above the left nipple. Heart dullness was normal, and there was no dullness on percussion of chest. Ten hours after the temperature was 101° F., pulse 112, and respiration 40. Percussion now gave dullness over the entire left side. Respiration was superficial and the pain considerable. The dressing was removed, when blood and air gushed from the wound with each respiration. An incision was made over the fourth rib, and 6 inches of it excised and much fluid and clotted blood cleared out of the pleural cavity. A transverse wound of the pericardium, 2 inches in length, was now revealed. No wound of the heart could be discovered. The pericardial wound was with very great difficulty, closed by continuous suture, and the patient made an uninterrupted recovery in spite of having been apparently moribund several times during the operation. In stab wounds of the thorax, the rule of non-interference without grave symptoms, would not hold good if such injuries be low down, for here we may have injury to the diaphragm or abdominal viscera, often without grave symptoms. In this case there were no dyspnea, cough, or increased cardiac dullness. Hemorrhage came on several hours after the injury, and then temperature, pulse, and respiration were all increased. The closing of the pericardial wound was done to prevent infection from the pleural cavity, and to avoid adhesions to heart wall or pulmonary pleura, and the result seems to justify the rather difficult and prolonged manipulation.

The Murphy Button for Circular Enterorrhaphy.—Until the introduction of the Murphy button into intestinal surgery, end to end anastomosis was regarded as one of the most dangerous operations practiced. Now, however, successful cases are becoming quite common, but are still noteworthy. The latest report of recovery is that of Dr. W. Mitchell Banks, Surgeon to the Royal Infirmary of Liverpool, England, *British Medical Journal*, February 23, 1895. From the patient, a boy of 7 years, he removed several inches of bowel, gangrenous from intussusception, and made circular enterorrhaphy, with perfect recovery. In commenting upon the case, Dr. Mitchell very aptly says that in abdominal surgery two great factors make for success—maintenance of an absolutely aseptic condition of the peritoneum and rapidity in the actual performance of the operation; the button greatly facilitating the latter requirement. The Murphy button has been in use about two years and a half in America, and in a paper published

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by him in the *New York Medical Record* for June, 1894, he refers to sixty-five cases that he had collected. The success seems to have been astonishing. Of course one must always remember that on the introduction of any new surgical procedure the successes attributed to it are very remarkable. This arises from the modern practice on the part of surgeons of recording their successful and saying nothing about their unsuccessful cases. It is a miserable and dishonest habit, and causes much of our recent surgical literature to be very untrustworthy. But even if one were to deduct a considerable percentage for unsuccessful cases not reported, there would still remain such a mass of splendid work as to compel the serious attention of all persons interested in abdominal surgery. To those who wish to look into the literature of the subject, Dr. Murphy's paper in the *New York Medical Record* (just referred to), and in the *Lancet* of September 15th, 1894, will give a vast amount of information.

Control of Hemorrhage in Amputation at the Shoulder.—Although the use of two mattress-needles passed through the muscles of the shoulder before and behind the joint with the application of a strong elastic band, (much in the same manner as employed in the Wyeth amputation at the hip) gives satisfactory results in the control of bleeding from the great axillary vessels, in amputation at the shoulder, yet it is well to bear in mind that an amputation can be made without any elastic constrictor, by a method described by Dr. R. Clement Lucas, of London. For a number of years Dr. Lucas taught this method of amputating, in his lectures at Guy's Hospital, and certainly proved that the operation is very successful in skilled hands, very little loss of blood occurring in his work. The steps of the operation are as follows: The deltoid flap having been raised and the head of the humerus disarticulated, the knife is carried down on the inner side of the bone somewhat below the neck. The left hand now grasps the inner flap between the thumb and fingers so as to compress the artery, the thumb being in contact with the raw surface and the fingers outside. Held in this way the inner flap is completed by the knife without hemorrhage, the surgeon retaining his hold until the vessel is secured with forceps.

Castration for Prostatic Hypertrophy.—Reports are becoming quite numerous on the results obtained by White's operation, and the consensus of opinion seems to be in favor of the operation, though the articles upon the subject are still tinged with the roseate hues of novelty. However, some good does seem to have been accomplished, though one is at a loss to satisfactorily explain everything connected with the *cause* of atrophy of prostatic tissue after removal of the testicles. By some it has been claimed that no benefit can follow if the testicles have entirely lost their functional activity; but a number of cases point to the contrary, as in the following reported by Lütken in the *Deutsche Medicinische Wochenschrift* of January 31, 1895: A man aged 65, had difficulty in micturition for several years past. The catheter had now to be used some seven or eight times a day,

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and recently this had been accompanied by much pain and occasionally by the passing of some clotted blood. The author felt *per rectum* in the region of the prostate, a swelling of the size of a hen's egg. As no improvement occurred, castration was agreed to. Ten days after the operation the left half of the prostate was smaller. A month later this left half could hardly be felt, and the right half was about the size of a walnut. Four months later no distinct enlargement of the prostate could be ascertained. Immediately after the operation the catheter could be used less frequently, and in ten days' time discarded altogether. Five months after the operation the patient was perfectly well, and could pass a good-sized stream of water. The author thinks that this operation is preferable to others in use, and even to regular catheterism. No living spermatozoa could be found in the testes, so that this case speaks against the view that the organs must be functionally active to get shrinking after castration.

Insufflation of Air for Intussusception. — Since Moosetig-Moorhof announced that some cases of intussusception can be cured by insufflation of air through the rectum, it has been tried many times with a few successful results and numerous fatalities. One of the former is that of Dr. H. Smith who, according to the *Medical and Surgical Reporter*, records the case of a child of nine months who had always been healthy, but who suddenly began to scream violently, draw its legs up and kick them out as if in great pain. Vomiting occurred several times. No tumor could be detected in the abdomen. Temperature normal; pulse increased. That evening the child was worse, collapsed, retching violently, screaming, and had passed some blood and mucus by the bowel. Intussusception was diagnosticated, chloroform administered and air insufflated into the lower bowel, and a tumor which had been detected, after the child had been anesthetized, above and a little to the right of the umbilicus, and which was about three inches long and two broad, with its axis lying transversely, was kneaded while the insufflation was continued. A gurgling sound was heard and the enlargement was found to have disappeared. Tincture of opium was administered and the child soon recovered its usual good health. Now while this is a brilliant result, doctors should not be led into believing the method universal in its application. It may be tried, but while so doing it is well to send for a surgeon of experience, who can cure by operation, and if benefit is not speedily obtained, to make a section for relief of the obstruction. Even children of the age of this one may be subjected to operation with the expectation of a favorable result.

Porous Glass for Windows.—The latest hygienic craze in Paris is the use of porous glass for windows. This is declared to possess all the advantages of the ordinary window framing, and while light is as freely admitted as through the medium of common glass, the "porous" further admits air too, the minute holes with which this is intersected being too fine to permit of any draught, while they provide a healthy, continuous ventilation through the apartment.—*The Hospital.*

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PEDIATRICS.

IN CHARGE OF HUBERT WORK, M. D., PUEBLO, COL.

President of the Colorado State Medical Society; Ex-Member Colorado State Board of Medical Examiners Physician in Chief to the Pueblo Children's Home, and to the Children's Department Pueblo Hospital.

The Prevention and Treatment of Ophthalmia Neonatorum and the Necessity for More Effective Legislation.—Dr. Charles H. May, of New York, in an instructive paper read at the meeting held on November 26th, 1894, showed that more effective legislation is needed, if blindness from ophthalmia neonatorum is to be reduced. He prefaced this portion of his paper by a resumé of the prevention and treatment of this disease. Concerning prevention, he gave statistics from many obstetricians and lying-in asylums, demonstrating the well known reduction in the frequency after the use of Crede's method—the instillation of one drop of a two per cent solution of nitrate of silver into the eyes of the new-born; the report of the Sloane University Hospital, of New York, showed that during the past six years there has been no case among over four thousand births. In private practice among the better classes, nitrate of silver is usually dispensed with, and yet the occurrence of this ocular disease is rare. Practically, all the cases which occur in New York City and which lead to blindness are met with in the lower classes, and especially in the practice of midwives. Regarding treatment, he claimed that there was practical unanimity of opinion among oculists. Every case should be treated as soon as there was the sligetest evidence of redness or swelling. Cold applications as long as the lids remained red, swollen and tense—but not beyond this stage, since too much cold might cause ulceration of the cornea, especially in delicate children; frequent cleansing with lukewarm, saturated solution of boric acid (every half hour or every hour, depending upon the amount of discharge); one per cent solution of nitrate of silver to the everted lids once a day after the acute symptoms had begun to subside, and never during the first few days. Hot applications were useful after the lids had lost their angry look, if corneol ulceration existed. He dwelt upon the necessity for great caution not to injure the corneal epithelium in separating the lids by the fingers or retractors, since such abrasions formed favorable points for the entrance of germs from the discharge. Finally, he showed by statistics from four of the largest eye dispensaries of New York, comparing a large number of cases occurring during '88, '89 and '90 (the three years previous to the enactment of the present law) with cases occurring at the same institutions during '91, '92 and '93 (the three years following the operation of the law) that there has been very little falling off in the number of cases of ophthalmia neonatorum; and since as large a proportion of these cases result in blineness os formerly, the number of blind from this cause has not been diminished. Mr. Day showed by reports from institutions for the blind in various parts of the United States, that twenty per cent of all the blind become so as a result of ophthalmia neonatorum. The present law requir-

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ing midwives and nurses to call in a legally qualified practitioner as soon as any redness of inflammation was noticed, went into effect September, 1890. It did not have the desired effect because it was not made known in a sufficiently extensive manner, and because the conviction of offenders through the New York Society for the Prevention of Cruelty—the usual and easiest channel—involved much inconvenience and loss of time in the courts, on the part of the informer and witness, the physician. Dr. May succeeded in interesting the society to the extent of having this important matter referred to a committee who will endeavor to improve upon the present law, and, if possible, compel the report of every case to the Local Board of Health, who will then assume the responsibility of seeing that every case is treated in the proper manner when it occurs in the practice of midwives or nurses.

LARYNGOLOGY AND OTOLOGY.

IN CHARGE OF WILBUR W. BULETTE, M. D., PUEBLO, COL.

Laryngologist and Otologist to Pueblo Hospital; to Pueblo Children's Home; Member American Medical Association; Colorodo State Medical Society; Pueblo County Medical Society; Honorary Member Philadelphia County and Northern Medical Societies, Philadelphia, etc.

Lymphatic Areas of the Throat.—Dunn, (*Virginia Medical Monthly*, December, 1894) in an admirable article, says: that it is in childhood that come about those pathological changes in the naso-pharyngeal lymph system which result, later in life, in impaired hearing. He thinks that 90 per cent of all cases of impaired hearing take their beginning from inflammatory changes in the naso-pharyngeal lymph system during the first ten or twelve years of life. It is during the earlier years of childhood that the so-called adenoid (include in this all the tonsils) hypertrophies take place, and it is in early life decided whether the adenoid basis of the mucous membrane of the naso-pharynx, Eustachian tube and middle ear are capable of resisting hypertrophic changes, the result of external influences, to such a degree as to keep free the Eustachian tube and prevent retraction of the drum-head and the other intra-aural inflammatory changes. The recognition of the importance of a healthy throat in children is the physician's duty. In children "hypertrophied faucial tonsils" means, as a rule, hypertrophy of the naso-pharyngeal tonsil, and this latter means in a large per cent of the cases, adhesions to the mouths of the Eustachian tubes, with repeated inflammatory attacks of the lining of the tube and, sooner or later, impaired hearing. Hypertrophied tonsils are diseased tonsils, in the crypts of which are germs ready to produce active tonsilear inflammation as often as the conditions are favorable. A person with diseased tonsils carries always in the glands themselves, two of the promoters of inflammation, viz., tissue whose vitality is lowered, and inflammatory germs. When one recognizes the effect that impaired hearing has upon the life of the individual, and through him upon the State, and when we realize the hopelessness of the

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endeavors to restore hearing lost through a diseased naso-pharynx in childhood, we begin to recognize the importance of keeping the throats of children as healthy as possible. It is a fact that there is an element of contagiousness in the expired air passing over inflamed tonsils, and also in the expired air passing through a pharynx with chronically hypertrophied tonsils. In a large percentage of the cases of hypertrophy of the pharyngeal lymph system, the original cause seems to be an inherited lack of resistance to congestion changes, the results of congestion changes, the results of sudden variations in the temperature and moisture. These changes are, however, often greatly increased in severity, where they already existed; and where they do not exist, are frequently brought about through acute inflammations, whose severity in turn is heightened by the presence, in the throat, of the elements of contagion. Patients with diseased tonsils thus carry with them a constant menace to the integrity of the superficial lymphatics of their children's throats. Apart from the inherited tendencies and climatic influences, it must often be the case that the mother is unconsciously directly responsible for diseased tonsils in her children; for she has diseased tonsils, and in her constant communication with her young children the air that she breathes necessarily infects, to a greater or less degree, that breathed by her children. In young children the throat lymphatic system responds to influences that fail to have effect upon the adult throat. The author cites the case of a young woman upon whom he operated for removal of a septal ridge, who was attacked a few days after with infection of the naso-pharyngenl lymphatic system. The tonsils and pharyngeal lymph tissues were inflamed, swollen, and to some extent covered with a grayish-white deposit. There was considerable rise of temperature. Prior to the operation there were no visibly diseased tissues of such a character as to suggest the probability of such a sequence to so simple an operation. The probable source of infection in this case was an intimate girl friend, who was visiting the patient, sleeping and spending much time with her, and who had diseased tonsils, and was subject to frequently recurring attacks of inflammation in them. It is wise to examine the throats of all mothers with young children, and to insist upon treatment whenever disease of the naso-pharyngeal lymph system is found, is a precaution the observance of which will be well worth the while of the family physician. No person should be accepted as a nurse for young children who has not a physician's certificate to the effect that the applicant's throat is in a healthy condition.

A Predisposing Cause of Hay Fever.—R Shawe Tyrrell (*Transactions Ontario Med. Asso.*, 1894) contributes an admirable and valuable paper on this subject. The author claims that lithemia is a strong predisposing cause of hay fever: himself a sufferer, found that salicylate of soda taken at night would invariably dissipate a threatened attack. After further experience with the drug he found that fifteen grains taken before breakfast was the best means of administration, as it combined the actions of a diuretic, diaphoretic and purgative. He has followed this line of treatment in his practice, with gratifying results.

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M. M. DAVIS, M. D., Indiana, Pa.

Nitro-Glycerin in Vomiting.

I have used nitro-glycerin systematically for the last three years in every form of vomiting. In vomiting of gastric catarrh, whether adult or infantile, acute or chronic, alcoholic or anemic, it acts almost a specific—the vomiting ceases at once. In vomiting of advanced pregnancy it is of the greatest service; and in many cerebral cases it also markedly checked the sickness. In peritonitis alone it increases the vomiting, not, however, to a distressing extent, and tne effect soon passes off. In vomiting in connection with pulmonary phthisis it is of little value; atropine is better. In combination with catechu it acts very well in lienteric diarrhea. The vomiting of influenza is often relieved by it, though not to the same extent as by atropine—*Dr. Humphreys in British Medical Journal.*

Catarrhal Affections. Chronic Rhinitis.

In the remedial treatment, the following has proven of service, used with the atomizer twice or thrice daily. If used as a douche, dilute with two or three parts water. Note: The iodine is decolorized in preparation, a clear solution of light amber color resulting:

℞ Sodii boras.....℥ ss
Sodii bicarb.....℥ i
Aquæ Puræ.....℥ ii
Dissolve and add M
Acid carbol.....grs. xv
Tr. iodi.....℥ iii
Listerine.....q. s. ft ℥ vi

Dyspepsia, with Uterine Debility.

℞ Aletris cordial.....4 oz
Celerina.....4 oz
M. Sig.—Teaspoonful before each meal.

A Most Valuable Nerve Tonic.

℞ Tinct. nucis vom.....1 oz
Celerina.....7 oz
Cactina pillets.....200
M. Sig —Teaspoonful thrice daily.

Eczema.

℞ Iron peroxide.....gr. ¾
Bism, subnit.....
Zinc oxid.....aa gr. xv
Glycerin.....℥ ss
Rose water.....℥ ix

Cerebral Syphilis.

℞ Metallic mercury.....20 gm. (℥ v)
Lanoline..... 5 gm. (℥ jss)
Liquid vaseline.....35 gm. (℥ j. 1-4)
Inject subcutaneously from five to seven centigrammes (gr. ¾). Repeat every fifteen days.

Alopecia Areata.

℞ Chrysarobin..... .....30 gm
Colophon..... 5 gm
Cer. flav.....35 gm
Ol. oliv.....30 gm
M. F. Stilus unguinosus.
To apply at night and wash off with oil in the morning. A night-cap should be worn.

Dysentery in Children.

℞ Muriate cocaine..... .05
Ergotine..... .50 (gr. viiss)
Extr. opium..... .10 (gr. iss)
Aristol..... .25 (gr. iv)
Cocao butter, q. s.....
For ten suppositories. Introduce one every two or three hours.

Rickets.

℞ Phosphorus.....gr. 2-13
Saccharin.....gr. lxxvij
Essence lemon.....m ij
Cod-liver oil.....℥ iiiss
Dose: ℥ j

Ovaritis.

℞ Sulphate of soda.....℥ iv
Sulphur.....℥ j
Sugar.....℥ v
Essence of peppermint.....q. s
Sig.—Teaspoonful at bedtime in a glass of water.—*Winternitz.*

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THE MEDICAL HERALD

A PRACTICAL MONTHLY JOURNAL OF THE MEDICAL SCIENCES.

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EDITORIAL

PERSONAL HYGIENE.

Physicians have always shown an unselfish interest in regard to the health of the public in general, and have urged to importunity those sanitary measures, both private and public, which science and experience have demonstrated to be useful, if not absolutely necessary to both the individual and the community. Even untidiness in dress is not in line with hygienic principles, and is not without its significance as an index to a more personal untidiness. If the germ theory of diseases has done no other good, it has led not only to a greater cleanliness in surgical and medical practice, but also to an avoidance of every kind of personal contamination, and from every possible source. We have seen hostlers of such neatness and pronounced sense of cleanliness in their special work, descend to minutiæ, it might be regarded, in their care of horses. When this is done, the effect is clearly perceptible in every part of the horse. His eyes are washed with a wet cloth; his face is well brushed and washed; his body is so well groomed as to make his hair smooth and clean; his fetlocks are kept trimmed; his feet well cleaned, and hoofs and bottom of the feet well oiled. Contrast such a horse with one of an untidy farmer, and one will readily appreciate the value. If such toilet care were given to the human organism, we would have the whole body in a hygienic condition. Men are sadly neglectful of these small matters, and do not reflect that it is the small things that are the source of filth. Micro-organisms require a microscope to be seen; yet small though they be, they are large factors in the production of unsanitary conditions. Many are careful to cleanse the oral extremity of the alimentary canal, but wholly neglect the anal; and yet there is as much use there of cleanliness as elsewhere, if not, indeed, much more.

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A contributor to one of the medical journals has thought so much of the importance of this last feature of hygienic cleanlinesss as to print the possible diseases that may arise from its neglect. "The unseemly parts" should receive the corresponding care that, in these respects, there should be but little difference between the seemly and the unseemly.

We have known of ladies who would not eat strawberries for fear of appendicitis, and others for fear of germs, and yet there is not so much danger from that source as from unneatness of person. Better "strain out the gnat."

DEONTOLOGY.

Dr. William Goodell, in his Introductory to Clinical Gynecology, edited by Drs. Keating and Coe, gives very wholesome advice in regard to the diseases from which women suffer; and among the many good things there said we note what he says as respects the developing female. They are matters which practitioners should endeavor to impress on the minds and *hearts* of mothers, as of prime importance to the welfare of the maturing daughters.

"The causes of ill-health in women from functional injuries are so well known that it would be a thankless task to enumerate them. One cause is, unquestionably, a faulty mode of education. The chief strain of reproducing the species falls on woman; she bears the burdens of gestation, of parturition, of lactation, and of maternity. For this great end she needs utmost perfection of physical development. Therefore, the growth and well-being of her body should be at least as carefully looked after as the growth and well-being of her mind. It should be a co-education of body and mind, the one helpful to the other. But this essential concordat in female education is not sufficiently well maintained. From the age of eight to that of fourteen, our daughters spend too much of their time in the unwholesome air of the recitation room, or in poring over their books when they should be at play. Then just as the menstrual period is beginning; just as puberty is struggling to assert itself, comes the series of examinations which selects the most ambitious girls and promotes them to the complex curriculum of the high schools. Four years of hard study and intellectual rivalry now follow,—four precious years, very needful for the perfect development of the reproductive organs, and for the full establishment of their functions, but spent in endless antagonism between brain-growth and body-growth. As a result, the chief skill of the dress-maker seems to be directed toward concealing the lack of organs needful alike to beauty and maternity, and the highly cultured girl of today becomes the barren wife or the invalid mother of tomorrow, or she has all the natural human instincts partly, or, indeed, wholly, educated out of her. So com-

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monly do I find ill-health associated with brilliant scholarship; so often is it the case that she who wins an honor is a "victor who hath lost in gain," that one of the first questions I put to a young lady seeking my advice for shattered health is, "Did you stand high at school?" This break-down in school-girls comes from a combination of causes. It is due to the mode and quality of their education, to long confinement in impure air, to the close-fitting dress, and to an unwholesome diet of cakes and candies. It is, perhaps, especially due to an utter disregard, in most educational institutions, of the catamenial week, when, by their own sensations and feelings, women are, as they call themselves, "*unwell.*" They are then by their own showing literally *unwell*, and are, therefore, as unfit for brain-work as for fatiguing body-work.

Released from her school-desk, this weary, worn-out, rest-needing-girl launches into the dissipations of society. Within a few years, it may be she weds some unwary youth to find that "fair by defect, and delicately weak," she has brought him a dower of ill-health, and that she has dared to assume the duties and responsibilities of a married life with undeveloped reproductive organs, and with a large outfit of back-aches and spine-aches and head-aches. Should pregnancy ensue, a big-headed child and a narrow pelvis endanger her life and that of her off-spring.

To the present cramming process, I attribute much of the menstrual derangements, the sterility, and the infecundity of our women, the absence of sexual feeling, the aversion to maternity, the too often lingering convalescence from a first labor, which is frequently the only one, and the very common inability to suckle their offspring. From this cause come most of my unmarried patients with nerve prostration, with their protean mimicry of uterine symptoms, unmarried often because they are not well enough to wed."

The want of repose he gives as another potent cause. "Fashion compels its votaries to be on the go day and night, without cessation. To keep up with her social and domestic duties, every ambitious mother must live more or less at high pressure. Younger women exhaust their vitality on fads and cults and literary clubs and on a mania to be omniscient. So ingrained in our women has the lack of repose become—this hustle and bustle of American life—that one notes it in their voice, in their manners, and in their carriage."

Other causes of disease in women are given, for which we refer the reader to the volume named. These causes are by no means diminishing. The present generation of women present ten cases of diseases peculiar to them, where the former generation presented one. But how to change the current of events, who can tell?

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ALL HONOR TO GOVERNOR STONE.

In our last issue, we took occasion to comment upon the recent action of the Missouri Legislature, in passing the "Osteopathy Practice Bill," but we are pleased to announce to our readers that the Governor has saved our State from disgrace, by disapproving the action of the country legislators. Following are some of the very logical reasons advanced by Governor Stone, in placing his veto upon the bill:

"Medicine and surgery are sciences. A judicious or successful practice of them requires a good general education, and a thorough knowledge of anatomy, chemistry, physiology, the obstetric art, the use of surgical instruments, and the like. The people would have been greatly imposed on by ignorant physicians, as well as by empirics and charlatans who play upon the fears and credulity of suffering humanity.

"The enlightened and learned men of the profession—those who despise deception and accept as true only those things that are demonstrated before the world—have labored assiduously for years to elevate the profession and to exclude from its ranks those who do not possess the knowledge necessary to qualify them to deal intelligently with matters directly affecting human life.

"By the force of public opinion and legal enactment much has been accomplished in this direction. The law is undoubtedly imperfect, and I think it safe to say that men are today licensed to practice medicine who are not qualified to properly discharge the delicate and important duties imposed upon a physician. This, of course, should be corrected.

"We now have a statute which forbids any itinerant vender of any drug, nostrum, ointment or appliance of any kind, intended for the treatment of disease or injury, to use the same in the treatment of diseases, whether by prescription, manipulation or other expedient, without paying a heavy license, which is practically prohibitory, and subjecting him to heavy penalties for a violation thereof.

"The effect of this bill would be to practically repeal that statute. Any person licensed to practice osteopathy, whatever that may be, could, anywhere in the State, treat any disease, injury or deformity by any appliance, manipulation or process not requiring the use of drugs or surgical instruments and call it the practice of the science of osteopathy.

"Who would know whether he was practicing osteopathy or something else?

"Osteopathy, whether called a science, an art, or by some other name, is a secret. Only those initiated into its mysteries know what it is or whether any person professing to practice it was acting in good faith or otherwise. Under this bill any licentiate would be authorized to establish a school of osteopathy and to issue diplomas.

"What would prevent the filling of the State with people practicing any secret art under the pretense of osteopathy and under the protection of their diplomas?

"The bill does not require any course of instruction in anatomy or physiology or knowledge of any science, or knowledge of anything except

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osteopathy. It is claimed by the promoters and practitioners of osteopathy that the greater number of human diseases are occasioned by the displacement of some muscle or bone or some unnatural pressure upon a nerve, and that some method has been invented or some discovery made whereby the exact point of displacement or pressure causing disease can be located, and that the cause can be removed by a process of manipulation. How all this can be done is a secret. This secret is called osteopathy. This treatment of many kinds and phases of human diseases by the art of manipulation is not a new thing. It has been practiced with more or less success for many years.

"I have known people who have received great benefit from what is termed the massage treatment. This treatment is practiced in nearly all bathing places, and is not unfrequently prescribed by physicians. It certainly cannot be contended that the manipulators who administer the massage treatment in connection with the water or Turkish baths should be required to have a diploma or a license.

"The principle of giving statutory recognition of and sanction to a secret process of treating human ills does not receive my approval. I do not believe any such thing should be designated in the law as a science, or that any mysterious contrivance or practice should be recognized by legislative indorsements.

"With all due respect, I call attention to the fact that Senators and members have voted to authorize the establishment of schools of osteopathy, to empower them to issue diplomas, to regulate the registering of licentiates, and to forbid any person, under penalty, to practice the science or art, or whatever it may be, without a diploma from such a school, without knowing or being able to know what osteopathy is."

INSOMNIA.

This in one aspect is a symptom, in another a condition, and the more important to be considered. Too often the symptom is treated and not the condition, and hence with only temporary or no relief. Prof. Germain Sèe makes the way to relief the clearer and more certain by looking at the possible cause. He divides the insomnious as follows:

1. Those who are sleepless because of pain.
2. Those who do not sleep because of digestive troubles.
3. Those who suffer from cardiac or respiratory disorders.
4. Those who suffer from cerebro-spinal or neurotic diseases, embracing lesions of the brain, general paralysis, acute and chronic mania, hysteria, and hypochondria.
5. Those who are sleepless from purely psychical disturbances.
6. Those wakeful from cerebral or physical fatigue.
7. From genito-urinary disorders.
8. From febrile conditions, infectious or autotoxic.
9. From the use of stimulants, as coffee, tea, or alcohol.

He treats insomnia from these several stand-points, and one can but see that he pursues a rational course of treatment.

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SOMETHING OLD IN A NEW PHASE.

The medical law of Massachusetts recognizes Christian Science as one of the Schools of Medicine. While the thing is "neither scientific nor Christian," yet the law gives it recognition as a science, we suppose.

"Parisian Medical Chit-Chat," as it appears in the *Lancet-Clinic*, has this to say of some familiar things under a new phase—a new fad:

"The French Academy of Medicine, that promised the 'Saint Paul Prize' to whoever discovered a real remedy for diphtheria, is of bad omen, for a new medical doctrine, hardly perceived before, now looms up brilliantly on the medical horizon, *i. e.*, *natural therapeutics*. It comes from Germany, too, where it already counts numerous establishments, known under the name of *institutes* when they are in the city and *sanatoria* when they are located out in the open country. This new medical doctrine suppresses in an absolute fashion *all kinds of pharmaceutical medication*. It employs only the means that nature spreads around man, and that man can, therefore, appropriate to himself, such as balneotherapy, hydrotherapy, gymnastics, massage, and finally the diet cure.

Considering the number of different phases across which therapeutics has passed, one could hardly believe the doctrine could be so well defined. As exaggerated as it may be, the German method has at least the merit of giving some rest to the digestive tract of mankind, by relieving it from the abuses of such an indigestible pharmacopeia as now exists—a pharmacopeia of ten thousand properly specified drugs, and a hundred thousand different agents besides. Various hygienic methods serve as the basis of the natural method (*natur-heil*), and hydrotherapy seems to have the preference among the leading thinkers of the 'Institute.'

Who has not heard of the cold-water cure of Father Kniep and its odd technique, as absurd as imprudent? They laugh at this in France and America, but beyond the Rhine it is all the fashion, equal to that of Preissuitz, of which it is only a parody. It is truly necessary to suppose there is in the organism an amount of vitality without equal, to dare to expose a patient to a stream of ice-cold water and a current of cold air, while the temperature is still further reduced by the aid of a large cloth that acts like a fan. Then promenades in bare feet in running brooks or in deep grass enter into this medico-theatrical *mise en scene*. We do not find this same exaggeration in aerotherapy, yet is it not absurb to believe that such a formidable disease as consumption can be *cured by air alone?* We have known and cared for consumptive patients for thirty years past—patients who have been sent to Mentone, Algiers, Madeira, and even to the Alpine heights of Davos and Saint Moritz, many of whom were never cured. It is only credulous spirits, haunted by immoderate desires, who pose as innovators on old-time medicine, and they abuse public credulity. The same remarks apply to partisans of the diet cure, and the many sordid and scoundrelly quacks who sell so-called secret specifics, and rob the dying consumptive of his last cent on earth.

Lately, physicians, so-called, are exclusively preoccupied with the sovereign importance of pharmaco-dynamic agents. These are the orna-

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mental advertising specialists lauded by the public press, on account of a division of the spoils obtained from robbing the dying under the pretense of a cure. As to hygienic principles, such do not figure; only the *prescription sold by the bottle* counts in this kind of special treatment.

TRI-STATE MEDICAL SOCIETY.

This progressive young association held its semi-annual meeting at the Planters, St. Louis, April 2 to 4, with a large attendance. The papers read were of unusual interest, while the presence of such noted surgeons as Wyeth, Keen, Davis and Eastman lent additional eclat to the occasion. The local profession tendered the guests a grand banquet at the Mercantile Club, after which the "Chut-muks" held one of their brilliant seances, from the hypnotic influences of which few recovered in time for the morning session. The next meeting will be held in Des Moines, Iowa, in October.

DOCTEUR DUJARDIN-BEAUMETZ.

Dujardin-Beaumetz, (see front cover) who died February 15th, at the age of 61, was one of the best known Frenchmen. His clinical lectures and therapeutic works have been read extensively. A recent biographical sketch of Docteur Dujardin-Beaumetz was as follows:

"Though rather advanced in years, Dujardin-Beaumetz has a very youthful appearance as he presented himself, each morning, to his admiring classes. Bright, energetic, constantly moving his keen eyes, he wore a fresh button-hole bouquet on his spotless white vest. While most of the gifted men in the medical profession are inclined to devote themselves mainly to the study of the diseases themselves, Dujardin-Beaumetz has made treatment the sole object of his labors. Not being a member of the Faculty of Paris, he has arranged a course of study at the Cochin Hospital. He established there three large laboratories and an extensive clinic. Thus he is able to give practical illustrations of his theoretical teachings. He teaches prescription-writing, and shows the exact manner of applying a drug in a particular case. In this way he gives to students exactly what is most useful to them.

Dujardin-Beaumetz may be said to have consecrated his life to the study and diffusion of therapeutic knowledge, thus filling a long-felt want, and encroaching on nobody's domain."

Society Reports.—THE MEDICAL HERALD will publish special reports of the meetings of American Medical Association, Missouri State Medical Society, Kansas, Iowa, and Indiana State Medical Societies. Now is the time to send in your subscription. $2.00 per annum, including premium, if paid in advance.

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The Physician's Library.

A SYSTEM OF LEGAL MEDICINE; By Allen McLane Hamilton, M. D., Consulting Physician to the Insane Asylum of New York City, etc., etc., and Lawrence Godkin, Esq., of the New York Bar, with the Collaboration of Prof. James F. Babcock, Lewis Balch, M. D., Judge S. E. Baldwin, Louis E. Bisse, Esq., C. F. Bishop, Esq., A. T. Briston, M. D., B. F. Cardoso, Esq., C. G. Chaddock, M. D., A. F. Currier, M. D., C. L. Dana, M. D., George Ryerson Fowler, M. D., W. T. Gibb, M. D., W. S. Haines, M. D., F. A. Harris, M. D., W. B. Hornblower, Esq., Charles Jewett, M. D., F. C. Knapp, M. D., R. C. McMurtrie, Esq., C. K. Mills, M. D., J. E. Parsons, Esq., C. E. Pellew, E. M., Judge C. E. Pratt, W. A. Purrington, Esq., B. Sachs, M. D., F. R. Sturgis, M. D., Brandeth Symonds, M. D., V. C. Vaughan, M. D. Illustrated. Vol. II, pp. 738. E. B. Treat, 5 Cooper Union, New York, Publisher. 1894.

The table of contents show what subjects are treated in this volume, and by whom. 1. Duties and Responsibilities of Medical Experts, by W. B. Hornblower. 2. Insanity in its Medical and Legal Bearing, by Allan McL. Hamilton, M. D. 3. Mental Responsibility of the Insane in Civil Cases, by Calvin S. Pratt, Judge of the Supreme Court of the State of New York. 4. Insanity and Crime, by B. Sachs, M. D., Professor of Mental and Nervous Diseases in the New Yotk Polyclinic. 5. On the Relations of Mental Defect and Disease to Criminal Responsibility, by Louis E. Bisse, of the New York Bar. 6. Asphasia and Other Affections of Speech, by Charles K. Mills, M. D., Professor of Mental Diseases and Medical Jurisprudence in the University of Pennsylvania. 7. The Traumatic Neuroses: Being a Description of the Chronic Nervous Disorders that Follow Shock and Injury, by Charles A. Dana, A. M., M. D. 8. The Effects of Electric Curents of High Power on the Human Body, by Allan McL. Hamilton, M. D., and George De Forest Smith, M. D. 9. Accident Cases, by Lawrence Godkin, Esq., of the New York Bar. 10. Mental Distress as an Element of Damage in Cases to Recover for Personal Injuries, by John E. Parsons, of the New York Bar. 11. Feigned Diseases of the Mind and Nervous System, by Philip Coombs Knapp, A. M., M. D. 12. Birth, Sex, Pregnancy and Delivery, by Andrew F. Currier, M. D. 13. Abortion and Infanticide, by Charles Jewett, A. M., M. D., Sc. D. 14. Genito-Urinary and Venereal Affections in their Medico-Legal Relations, by F. R. Sturgis, M. D. 15. Marriage and Divorce, by Simeon E. Baldwin, LL. D., Judge of the Supreme Court of Connecticut, and Professor in the Law Department of Yale College. 16. Sexual Crimes, by Charles Gilbert Chaddock, M. D., Professor of Diseases of the Nervous System, in

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the Marion-Sims College of Medicine in St. Louis, Mo. 17. Surgical Malpractice, by George Ryerson Fowler, M. D., of Brooklyu, N. Y., Surgeon to the Methodist Episcopal Hospital, St. Mary's Hospital, etc., etc. This work, as may readily be seen, is a voluminous one, embracing all subjects that may bring a physician before the court as a medical expert. While smaller works may serve a practitioner for all practical purposes, yet the practical matters will be better understood and more readily retained in the mind when the subject is examined in all its relations. In such a case one will find this great work to inform his mind with facts, and lead his thoughts in a rational direction, by which the knowledge gained will be more in hand, inspiring him with that confidence in himself that will place his mind at ease and give him an utterance that will satisfy himself and gain the respect of the parties more particularly interested. As the work is a collaboration, the work of men experienced and learned in their respective departments, it can not fail to meet with a generous and cordial reception by the profession at large.

TEXT-BOOK OF MEDICAL AND PHARMACEUTICAL CHEMISTRY; By Elias H. Bartley, B. S., M. D., Professor of Chemistry and Toxicology in Long Island College Hospital, and Professor of Organic Chemistry in the Brooklyn College of Pharmacy, etc., etc. Third Edition, Revised and Enlarged. P. Blakiston, Son & Co., Phila., Publishers, pp. 684. 1894.

This edition is a great improvement on the former. It is also greatly enlarged. The subjects are logically arranged, and are treated with sufficient fullness for a text-book. It includes Physics in a general consideration of the so-called physical forces: Heat, Light, Electricity and Magnetism; Theoretical Chemistry, in which is explained the combinations which atoms form by their union with each other. Then follows a consideration of the non-metals and metals, and then Organic Chemistry, covering the Carbon Compounds; food substances, Carbohydrates and Nitrogenous Substances; a chapter on Urinalysis, and closes with a table and a glossary. It will prove to be a good Text-Book for Medical Schools.

DOSE-BOOK AND MANUAL OF PRESCRIPTION-WRITING, with a List of the the Official Drugs and Preparations, with also many of the Newer Remedies now frequently used, with their Doses; By E. Q. Thornton, M. D., Ph. G., Demonstrator of Therapeutics, Jefferson Medical College, etc. Philadelphia: W. B. Saunders. Pp. 334. Price, $1.25.

This volume is one of Saunders' New Aid Series, and is intended for the undergraduate during his years of student life, and also to be of service to him in the early period of his professional career. The author is altogether too modest when he adds that "it may also prove of value to the practitioner of many years' standing for purposes of reference." We venture to say that this latter class will enjoy the perusal of the book more than the student.

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SOCIETY GATHERINGS

MEDICAL SOCIETY OF THE MISSOURI VALLEY.

The Medical Society of the Missouri Valley, met in "Spring Session" at the Y. M. C. A. building, Sioux City, Iowa, March 21, 1895. President, A. S. Wright, M. D., (of Carroll Iowa), in the chair. The following applicants for membership were presented by the committee on credentials and were elected:

Dr. W. E. Adams, Hot Springs, S. D.
Dr. M. Beatty, Dunlap, Iowa.
Dr. Geo. W. Boot, Spencer, Iowa.
Dr. J. A. Dales, Belden, Neb.
Dr. Agnes Eichelberger, Sioux City, Iowa.
Dr. O. P. Hansen, Sioux City, Iowa.
Dr. R. J. Hart, Charter Oak, Iowa.
Dr. J. W. Kime, Fort Dodge, Iowa.
Dr. Elizabeth J. B. MacDermott, Sioux City, Iowa.
Dr. G. H. Mammen, LeMars, Iowa.
Dr. L. J. Murphy, Sioux City, Iowa.
Dr. H. S. McGavren, Omaha, Neb.
Dr. L. C. Mead, Yankton, S. D.
Dr. Allen J. Moore, Sioux City, Iowa.
Dr. Frederick A. Powell, Sioux City, Iowa.
Dr. W. R. Talboy, New Castle, Iowa.
Dr. James F. Taylor, Salix, Iowa.
Dr. Chas. Rice, Smithland, Iowa.

The following bills were allowed and ordered paid:

Nonpareil Printing Co., Ptg Postals, etc	$ 2.50
F. S. Thomas to 500 Postals, $5.00; 400 1-cent stamps, $4.00; 100 2-cent stamps, $2.00; expenses to Sioux City and return, $11.00	22.00
T. B. Lacy to expense collection, $32.75; expenses to Sioux City $11.00	43.75
J. P. Savage to Rent of Hall, $20.00; Banquet, $75.00	95.00
Total	$163.25

The following papers were read and discussed:

(1.) Pseudo Membranous Enteritis, by Dr. Grant J. Ross, Sioux City. Discussed by Dr. Lord, (Omaha), et al.

(2.) Anaesthetics, by Dr. A. C. Bergen, (Sioux City). Discussed by Drs. Kime, Gifford, Jones, Jepson, Ross, Ford, Davis and Summers, Jr.

(3.) Varicocele, by Dr. C. C. Allison, (Omaha). Discussed by Dr. Ross, et. al.

(4.) Supra Pubic Cystotomy, by Dr. Van Buren Knott, (Sioux City). Discussed by Drs. Summers and Jones.

(5.) A New Occlusion Shield for Gonorrhoeal Ophthalmia, by Dr. H. Gifford, (Omaha). Discussed by Dr. Jepson, et. al.

(6.) Report of a Case of Hipjoint Amputation for Gunshot Injury, by Dr. J. P. Lord, (Omaha). Discussed by Dr. Summers, Jr. et. el.

(7.) A Case of Hernia in Linea Alba, by Dr. B. B. Davis, (Omaha). Discussed by Dr. Summers, Jr., et. al.

(8.) A Portable Sterilizer, by Dr. J. P. Lord, (Omaha). Discussed by Dr. Jones, et. al.

An invitation was received by Dr. Hargens of Hot Springs, S. D., to meet at the Hot Springs in September. On motion a committee of fifteen were selected to confer with the railroads running to the Hot Springs with reference to accepting the invitation and to transact the necessary business preliminary thereto.

The society adjourned after receiving a notice from the committee of arrangements that a sumptuous banquet would be spread at the Garretson

The Banquet.

Toast Master—Dr. Jno. P. Savage, Sioux City.
Prayer—C. H. Strickland, D. D., Sioux City.
Sioux City—Hon. D. A. Holmes, Sioux City.
Medical Society Missouri Valley—Dr A. S. Wright, (Pres.)
The Ideal Doctor—Dr. T. B. Lacy, Council Bluffs.
The Future of Medicine—Dr. V. B. Knott, Sioux City.
The Ministry and Medical Profession—Rev. Dr. Jenkins, Sioux City.
Festive Microbe—Dr. F. S. Thomas, Council Bluffs.
Carte Blanche—Dr. Wm. Jepson, Sioux City.

The success of the meeting was marred in a measure by the local jealousies of some of the physicians of Sioux City, who forgot they had a large number of visiting brethren in the city that they should greet cordially. They preferred to sulk in their tents. However, those in charge left nothing undone to make our stay pleasant and profitable.

F. S. THOMAS, M. D., Secy.

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THE SAINT JOSEPH ACADEMY OF MEDICINE.

Session of Monday Evening, March 25, 1895.

Stenographically Reported for The Herald.

Dr. Wallace.

Mr. President and Gentlemen of the Academy—The subject chosen for discussion tonight is asepsis and antisepsis in obstetrical work, and I have been appointed by the academy to lead this discussion. This is not only of interest to every physician, but one that is debatable, a subject with two sides to it, and one that can be readily discussed by every practitioner.

We know that for centuries asepsis or cleanliness has been practiced by some in obstetrical work, and it is now, and always has been, totally neglected by others. What I understand by "asepsis" is that the physician's person, that his hands, his instruments, the bed, the surroundings of the patient, the external genitals of the patient, and the vagina, should be thoroughly cleansed and this cleanliness is to be accomplished by the use of distilled or boiled water. We all know how hard it would be for asepsis to be practiced in general obstetrical work, if we would have to depend entirely upon boiled or distilled water to effect thorough cleanliness.

When we want to carry out asepsis thoroughly, we must have a hospital especially equipped and confined wholly to lying-in cases. Only in a hospital for this exclusive purpose can asepsis be practiced in its entirety. By the introduction of antisepsis by Lister began the practice of antisepsis in obstetrical work, and it has been carried on to a certain extent by the great mass of the profession ever since. However, there are those of the profession who practice mid-wifery without any regard whatever to antiseptic precautions; but on the other hand there are those who practice antisepsis in mid-wifery, who believe that it is the only safeguard and prophylactic measure we have against puerperal fever, that disease which not only has cost so many women their lives and made permanent invalids of just as many others, and has rendered surgical operations necessary in so many others before they could be restored to health. By antiseptics in the puerperal state. I understand that not only the physician's hands, his instruments, the external genitals and vagina should be thoroughly cleansed at the beginning of labor, but that these same precautions should be carried out after labor, and by some of the various germicides known to the medical profession.

I do not believe that there is indication for the use of antiseptic vaginal douches in all lying-in cases, whatever the surroundings be. I do believe that under the proper surroundings, to be elected by the physician, with a trained nurse to give such injections, they may be used not only without risk, but the only means we have to reduce the liabilities of septic infection to a minimum. The nurse should be cautioned and directed that her hands at all times should be cleansed in an antiseptic solution before dressing the external genitalia, and that the syringe used in the irrigation of the vagina should be thoroughly disinfected (better have a new syringe) and the tip kept in an antiseptic solution.

In regard to the frequency of vaginal douches, that is guided by the symptoms, conditions and surroundings of the patient. In regard to the vaginal douches in the puerperal state, that is to be guided by the symptoms, condition and surroundings of the patient.

Are vaginal injections after labor harmless? If so, they are certainly legitimate preventive measures, and should be used. If their use involves risk, then they should be resorted to only in cases where there are symptoms of infection.

If the lochia and micro-organism of the vagina are ever pathogenic, or if ever autoinoculable, antiseptic irrigation is not only indicated, but obligatory in those cases where the conditions, or facilities for their proper use are at hand. I believe in their pathogenic properties under certain conditions. Just what these conditions are, we do not know any more than we know that the pus from the closed cavities is pathogenic in certain conditions, and inocuous in others. Barker advocates vaginal injections only when indicated by the local signs and general symptoms. Lusk advocates their use in all cases. Thomas thinks their use an unsolved question. Galabin advises them in all cases. Playfair, only when the lochia is foeted. Leichman advises their use only in those cases where they have fetid lochia or laceration of the parts.

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Parvin says "always wait for indications." I have here quoted sufficiently to show the divergence of opinions of authorities on this question.

While my experience is very limited, compared with many other of the gentlemen present, I am inclined to the use of some of the germicides in the obstetrical work.

The thoroughness and extent of these antiseptic precautions is, of course, to be determined by the various conditions and surroundings of the patient. I believe that in all cases it should be carried to the extent of the daily cleansing of the external genitala with an antiseptic solution. In those cases where a trained nurse and suitable are present, it should be carried on to a further extent, and the daily intra-vaginal injections be resorted to for a period of eight to twelve days as indicated. This is the rule I have adopted in my practice, and I further strictly adhere to a thorough disinfectant of my hands and nails, in a bi-chloride solution of 1 to 2,000, in all cases. I never make an examination, under any circumstances, without first dipping my hands in a carbolized or bi-chloride solution, no matter how freequent this examination may become necessary during labor.

Dr. Kirschner.

My rule has always been in midwifery cases to thoroughly wash my hands in a bi-chloride solution and to see that my finger nails are thoroughly clean.

I do not believe in giving or in the use of antiseptic douches, as it puts a woman to a great deal of annoyance and unnecessary trouble.

Doctor Davis.

About all I can add to the remarks is my own experience, and that is in favor of aseptic mid-wifery. I never use a wash at all internally in the vagina or uterus unless I have had my hands in the uterus, and I do not attend to a case without first washing my hands in a bi-chloride solution. I have had some cases of septicemia, and probably as bad one as I ever had was that of the wife of a railroad man, who was badly "mashed" up; had a cut in his scalp. There was considerable pus from that, and before he got well his wife was confined in the same room. I used every means that I could to prevent it, but she took septicemia and died.

Dr. Daniel Morton.

There seems to be no particular divergence of opinion between the Fellows of the Academy on any one subject except that of the advisability of using the vaginal injections, prophylactic douches perhaps is a better term, in cases of labor. In my opinion, and I believe that I express the professional belief of today, the danger of septicemia or septic infection in all cases of midwifery is from without. That principal well fixed in our own minds, and the proper handling of confinement cases is simple, so far as the antiseptic or aseptic treatmnet is concerned. I do not believe that there is anything that come from within the woman that is in a parturient state or a normal case of labor, which has the power of infecting her. The lochia consists of blood, serous fluid and epithelial cells, and that is about all, chiefly blood. Unless the lochia becomes infected from without, there is no danger from it. Bacteriorological examination of lochia has revealed the fact that except in the rarest cases, it does not contain pathogenic bacteria, and I believe that these rarer cases can be explained on the hypothesis of infection from without. That being the case, there is nothing to fear from the woman herself. We have a great deal to fear from the nurse and the doctor, and more from this source than from any other source that we can mention. I consider the giving of vaginal injections objectionable, because, in the first place, it removes something that is not doing any harm, and in doing so gives opportunity of introducing something that may do a great deal of harm. I believe all the gentlemen that have spoken tonight have agreed upon the extreme necessity of cleanliness and clean hands.

I do believe that a vaginal injection should be given in the beginning of labor, and that the external genitals should be thoroughly washed—thoroughly cleansed. If this is done, when the doctor introduces his clean fingers he will not pick up something in the vagina and carry it to the womb to be absorbed there.

Now, as a matter of fact, I do not believe that there is any case of labor in which there is not an infection atrium in which there is some slight laceration and some point at which the germs pathogenic in their character may gain entrance. Believing these things as I do, my plan in all cases of mid-wifery is to keep any poisons from entering from without. That is the rule of practice upon which I act.

For the last three years I have been perfecting myself in the external manipulation of the abdomen in labor, with a view of doing away as far as practicable with the vaginal examinations. I believe that in a great many cases the frequent use of vaginal ex-

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aminations can be largely done away with by the physician who educates his hands to tell the various positions and presentations felt through the wall of the womb. I must say that this is a matter that comes from experience. I do not pretend at the present time to be an expert in this particular, but I do feel that I avoid a great many vaginal examinations that I would otherwise make. Some physicians, particularly those connected with lying-in hospitals, where large numbers of cases are handled each month, can no doubt acquire great dexterity in this matter, and I think if the Fellows of the Academy will run back over the literature of the past few years they will remember no doubt articles that came under their observation on the subject. I believe there is a great deal in it. I believe that the profession should hearken to this more than they have done. It is to Creede that we owe much progress in handling cases of labor. Creede was a strong advocate of abdominal palpation. He decried very much the use of vaginal examinations indiscriminately. In actual practice there is no question but it is very, very difficult to carry out those methods that we have mentioned here tonight. In hospital practice it is a great deal easier to do so, and the statistics of the present day, so far as mid-wifery is concerned, show exactly an opposite condition from the statistics of fifty or sixty years ago.

In hospitals it is more largely possible to carry out these various methods that we have discussed here tonight and to place the patient during the puerperal days following labor in the hands of skilled nurses. We all know that in private practice to place our patients in the hands of skilled nurses is very difficult.

The pad has been mentioned here tonight. Some divergence of opinion has been expressed on that point. I am a firm believer in the pad. I use an antiseptic pad in all my cases, removing an old one each time moisture shows on the outer surface. The reason for this lies in the fact that the moist tract through the pad is an infection atrium. A woman may infect herself by handling her genitals. This is also prevented by the use of the pad.

Dr. Woodson.

It has been quite awhile since I have had anything to do in the line of obstetrics, but it does me good to hear you gentlemen talk upon a subject that has long been a pet theme of mine. During the entire time that I have practiced medicine I have tried to practice asepsis, and without any egotism I can safely say that I have had as few cases of puerperal fever as any of my professional brethren. I fully concur with Dr. Wallace of the necessity of aseptic as well as antiseptic midwifery, but I must take issue with him in some respects, because of their impracticability and also the danger. So far as clean hands are concerned, and the immersing of the hands in an antiseptic solution before the examination, is concerned, I think it is timely practice. I use a much stronger solution, however, than he states. It was not my custom to use the vaginal douche. I believe the genitals should be cleansed, and I know of nothing better than warm water, as warm as can be borne. I think there is as much danger that puerperal sepsis will be produced from the physician's clothing as there is from his hands, and I have seen many physicians run their hands through their hair. I cannot agree with the doctor as to the necessity of doing nothing. I have, I am sure, obtained great satisfaction in making examinations sufficiently frequent to enable me to determine the presentation. I know that I have rendered great assistance by way of protecting the vulva and preventing laceration.

Again, I cannot agree with the gentleman in regard to the douches recommended. First, from the fact that I do not believe the poison is in the vagina. I believe it is beyond the vagina. So far as douching is concerned, warm water, as warm as can be borne, is the most greatful application that is made to the lying-in woman. It not only cleanses the parts, but it has the same effect that it does to a tired limb, a sprained ankle or strained tendon.

Dr. Wallace.

(Substance of Closing Remarks.)

I seem to have been misunderstood by those present in regard to antiseptic douches. I did not mean to say that I used vaginal douches in all cases, but only in those cases where the circumstances of the patients were such as to afford the services of a trained nurse and the surroundings were such as to afford every necessity for properly carrying out this irrigation. Unless an antiseptic vaginal douche can be administered by a thoroughly competent nurse, and with all the conveniences necessary to divest the procedure of every risk from carrying septic material from without, it had better be dispensed with.

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THE GOLDEN BELT MEDICAL SOCIETY.

The sixth annual meeting of the Golden Belt Medical Society was held in the office of Dr. E. B. LaFevre, in Abilene, Kan., April 4, 1895.

President Murphy called the afternoon session to order at 3:45 p. m., and called for the reading of the minutes of the last meeting. The minutes being read, Dr. J. W. Felty corrected that portion which described one of the cases he reported, so as to read "whose stomach on autopsy was found to be dilated to the extent of holding eight quarts" instead of "eight pints," as stated in the minutes. The correction being made, Dr. Felty moved the minutes, as corrected, be received. Carried.

Papers being called for, Dr. E. E. Hazlett, of Abilene, responded by reading the report of a case, that of a young woman, cured through the use of nuclein. The reading of this paper provoked lengthy discussion, indulged in by Drs. LaFevre, Sheldon, Felty and Hazlett.

In the absence of the author, the secretary read a carefully prepared paper entitled, "Diphtheria," by Dr. H. O'Donnel, of Ellsworth. This production was discussed by Drs. Hazlett, Dewees, Sheldon and Sutherland.

On motion, the society adjourned to meet in the same place at 7:30 p. m..

The president not having yet arrived, Vice President Sutherland called the evening session together promptly at the appointed time, then calling Dr. Dewees to the chair, Dr. Sutherland read a very interesting and timely production under the caption of "Dyspepsia." Discussed by Drs. Dewees, Sheldon, Curtis, Hawthorn and Sutherland.

Dr. J. T. Curtis, of Dwight, presented the next paper, entitled, "Sarcoma," which was profitably discussed by Drs. Sheldon and Curtis.

Dr. W. B. Dewees, of Salina, reported a case of "Primary Adeno-Sarcoma of the Thyroid Gland." Dr. LaFevre reading the report of a detailed examination of the tumor. Discussed by Drs. Hawthorn, Dewees and Sheldon.

Miscellaneous business being next in order, Dr. S. E. Sheldon, on behalf of the committee on necrology, appointed at the last meeting to formulate suitable resolutions on the death of Dr. G. E. Harvey, of Junction City, and Dr. Reid Alexander, of Topeka, presented the following for the endorsement by the society:

"Whereas, Two of our members have passed to the Unknown World since a report on necrology has been made; therefore, be it

Resolved, That the death of Dr. Reid Alexander brings to us sorrow and loss to our profession. That the brilliant intellect and surgical skill of this young man gave promise of a useful career in our ranks, which by this to us untimely death results only in disappointment.

"Resolved, By the Golden Belt Medical Society, that in the death of Dr. G. E. Harvey, we lose one who did much in the organization and maintenance of this Society; and, further, that we extend to the bereaved relations our sincere condolence.

"Resolved, That this report be recorded in the minutes of this meeting.

(Signed.) W. S. LINDSAY, M. D.,
Chairman."

The secretary presented an application for membership from Dr. S. R. Stofer, of Salina, a graduate of the Medical Department of Wooster Universty, class of 1876, and recommended by Drs. W. S. Harvey and W. B. Dewees. As a board of censors to act on this application, the president appointed Drs. Neptune, J. W. Felty and Hawthorn, who, upon reporting favorably, a motion carried to instruct the secretary to cast the votes of the twelve members present for Dr. Stofer's unanimous election.

The secretary-treasurer then made his annual report, showing, among other things, that we now have thirty-nine active and ten honorary members on the rolls; that the society had during the past year held its four regular meetings, with an average attendance of twelve members; that there had been twenty-five communications presented to the society during the year, and four clinical cases; that the entire number of papers read had been of a high order of merit and an honor to the society; that the papers had each elicited valuable and profitable discussion; that during the year we had gained twelve active members; that during the same length of time we had lost, through death, three active members; that on the whole the society had had by far the most prosperous year of its existence; that the society's usefulness had grown and more than fulfilled its normal functions; that its prospects for the future were of the brightest na-

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ture, and that each and every member had cause to feel honored that he was a participant in the accomplishment of the above mentioned ends.

On motion the report of the secretary-treasurer was approved and accepted as read.

This being the annual meeting, and the next business in order the president appointed Drs. Dewees, Hawthorn and Sheldon to nominate officers for the ensuing year. After due time, the committee submitted the following:

President—Dr. E. E. Hazlett, Abilene.

First Vice President—Dr. H. H. Sutherland, Herington.

Second Vice President—Dr. W. S. Harvey, Salina.

Secretary-Treasurer—Dr. E. B. LaFevre, Abilene.

On motion the report of the committee was accepted, the nominations closed and the gentlemen named by the committee elected by acclamation.

The retiring president, Dr. Murphy, in a few words heartily thanked the society for the honor that had been given him and the courtesies extended by the members during his term of office.

Thereupon Drs. Dewees and Felty escorted the newly elected president, Dr. Hazlett, to the chair, who expressed the appreciation he felt for the trust that had thus so kindly been bestowed upon him, and gave the society the assurance that he would do all in his power to advance in every way the best interests of our society.

On motion a vote of thanks was tendered the officers of the past year.

Dr. J. W. Felty suggested that inasmuch as the next meeting would regularly occur during the intense heated term, that it be omitted, and there be no more meeting until the regular October one. Discussion of this question elicited the fact that it was the enthusiastic desire on the part of the society to continue the meetings in their regular order, and that the next meeting be held in Salina the second Thursday in July, 1895, instead of the first Thursday, as that day falls on a national holiday.

RESOLUTIONS.

Whereas, Certain changes in the code of ethics adopted by and now in force by the American Medical Association, have been contemplated, and probably will be brought prominently before and voted upon at the coming meeting of the American Medical Association, to be held in Baltimore in May of the present year; and,

Whereas, We believe that certain of the proposed changes will work harm, and prove detrimental to the best interests of the profession; therefore, be it

Resolved, That it is the sense of the Golden Belt Medical Socety that no change should be made in the code of ethics, in so far as it pertains to the allowing of more liberal privileges as relates to the affiliation of the regular profession with irregulars.

Resolved, That the delegates to the American Medical Association from the Golden Belt Medical Society be instructed to use their greatest possible influence against and to vote aganst the adoption of such changes.

Resolved, That a copy of these resolutions be sent to the editor for publication in the Journal of the American Medical Association.

Whereas, The trustees of the American Medical Association, and the editor of the Journal of the American Medical Association, are permitting certain advertisements to appear in the Association Journal, such as labordine, antikamnia, perpoena, the American Physicians Sanitarium Association and other secret nostrums and questionable advertisements; and,

Whereas, The Philadelphia County Medical Society has duly, through their appointed delegates, called the attention of the trustees and editor to the matter, and they having thus far disregarded the wishes of the Philadelphia County Medical Society, and through them the instructions given by a vote at the last meeting of the American Medical Association; therefore, be it

Resolved, That the Golden Belt Medical Society endorse the action taken by the Philadelphia County Medical Society in the matter, and urge the renewed and continued effort, both on the part of the Philadelphia County Medical Society, and all other medical societies, to purge the pages of the Journal of the American Medical Association of such disreputable advertisements as have been mentioned, and all others of a like nature.

Resolved, That the delegates from the Golden Belt Medical Society to the American Medical Association be instructed to use all possible influence, and also their ballot, in furtherance of these objects.

Resolved, That a copy of these resolutions be sent to the secretary of the Philadelphia County Medical Society, and also a copy for publication in the Journal of the American Medical Association.

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Dr. J. W. Felty moved that the resolutions be read and voted on by sections. Carried.

The secretary then read the same by sections, and the resolutions as given above were unanimously adopted.

There were present during the meeting the following named members and visitors: Drs. Murphy, Hawthorn, Curtis, Hodge, Neptune, Hazlett, Sutherland, J. W. Felty, Sheldon, LaFevre, Dewees, H. B. Felty, Searl, and Mr. Jolley.

Respectfully,
E. B. LA FEVRE, Sec'y.

Meeting of the American Medical Association, Baltimore, Md. May 7th to 10th—

The above named meeting promises to be one of the best attended and most interesting medical meetings held in years and you will be doing yourself an injustice if you are not present when the meeting convenes.

A fine program has been arranged, many interesting papers will be read and a general good time is anticipated. No better place than Baltimore could have been selected for holding the meeting, as it will enable those who attend to make short trips at a slight cost to Philadelphia and New York and on the return trip, stop over for a day or so at the National Capital, or take a run down to the Sea Shore at Old Point Comfort, and return through the magnificent mountain scenery of the Blue Ridge and Alleghanies that is located along the line of the Chesapeake & Ohio Ry.

The Big Four Route and Chesapeake & Ohio Ry. constitute the most picturesque, comfortable and desirable route to the meeting and the service is all that could be desired, while the natural attractions of the line, such as beautiful scenery, old Battle Fields, points of historic interest, and famous medicinal springs and health resorts are unrivaled.

All trains are vestibuled throughout, heated by steam, lighted by electricity and carry observation cars, through sleeping cars of the latest patern and the famous C. & O. dining cars.

The Big Four and Chesapeake & Ohio Ry. is not only a good route, it is more. It is strictly first-class in every respect and the arrangement for round trip rates, stopovers at points of interest, etc., etc. will be on a liberal scale.

You should, by all means visit the Hot Springs of Virginia and the famous Old White Sulphur Springs if only for a day.

Through sleepers for the exclusive use of members of the Association will leave St. Louis by the Big Four Route, and it is expected that a congenial party will rendezvous here and all go together via the Big Four Route and C. & O. Ry.

For further particulars, maps, etc., address W. F. Snyder, General Western Agt., Big Four Route, or E. B. Pope, Western Passenger Agt., C. & O. Ry., St. Louis, Mo.

Salophen—

Salophen represents the outcome of a series of experiments made to provide a remedy in which salicylic acid and phenol should be so combined as to secure the therapeutic advantages of each, without the toxic effects of either. The phenol component of Salophen has been shown to be perfectly innocuous. Salophen is tasteless and odorless. It passes unchanged through the stomach, but in the intestinal canal is decomposed into salicylic acid and acetylpara-amidophenol.

It was Professor Guttman, of Berlin, who first directed attention to the efficiency of Salophen in rheumatic affections, and since the publication of his observations, his favorable experience has been confirmed by a number of clinicians. The remedy has proved especially serviceable in the treatment of cases of acute articular rheumatism, in which it is fully as effective as salycylic acid and its salts, while devoid of their irritating effects upon the stomach and their toxic action upon the nervous system. Salophen may be given continuously, in large doses and for considerable periods of time, without causing nausea, vomiting, loss of appetite, vertigo, tinnitus, or any of the unpleasant or even serious after-effects of salicylic acid and its derivatives. In the treatment of cases of chronic rheumatism it has always given very satisfactory results, and while less effective than in the acute form, is deserving a careful trial. In muscular rheumatism it acts as a specific, rapidly relieving the pains, and it is of equal value in alleviating the distressing muscular pains attending influenza, especially if administered in combination with Phenacetine.

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PERSONALITIES

Dr. W. G. Sampson, of Tiffin, O., died March 18st.

Dr. S. E. Cloud has removed his office to Third and Isabelle Streets.

Dr. J. W. Hansen is now resident physician at the Ensworth Hospital.

J. Piermont Morgan has donated $20,000 to erect a Sanitarium for consumptives, at Liberty, N. Y.

Sir William Savory, for many years surgeon to St. Bartholomew's Hospital, died at the age of 69 years, on March 4th.

Dr. H. C. Dannaker, of Kansas City, is advocating some radical and much needed changes in the city hospital service of that place.

Mr. W. F. Goetz, for a number of years manager of the St. Joseph Drug Co., has severed his connection with that firm, and will embark in business for himself in the Carbry block, Seventh and Edmond streets.

Dr. R. C. Beaty, vice-president and manager of the Pasteurine Chemical Co., St. Louis, made THE HERALD a flying visit on March 20th, en route to the meeting of the Missouri Valley Medical Society, at Sioux City.

Dr. Otto Von Muller, until recently a practicing physician of Lawrence, Kas., has come to grief in Poland, and is under indictment for murder. It transpires that the doctor has figured in numerous escapades before locating in the West.

Dr. W. J. Bell met with a serious accident recently, being thrown from his buggy, and striking the back of his head on the curbing, besides sustaining several minor bruises. He was confined to his room for some time, but is now attending to his practice as usual.

Dr. Isaac M. Himes, professor of pathology and dean of the Medical department of Western Reserve University, died in Cleveland, April 2d, of heart disease, aged 61. He was also well known in New York and San Francisco, in both of which cities he has practiced.

Dr. S. G. Gant, of Kansas City, has been for several years preparing a work on rectal diseases, which promises to be the most complete ever issued along this line. The manuscript and illustrations, which latter are unusually numerous, are now in the hands of the publishers, and we hope to receive notice of its early issue from the press.

Dr. Heine Marks, superintendent of the St. Louis City Hospital, will not carry his case into the courts, the medical society having voted to table the proceedings against the doctor, after having found him guilty, and requesting his resignation—which was not forthcoming, however. Great is the St. Louis Medical Society, and the reporters of city newspapers are to be the next victims of attack.

Dr. J. W. Moore, the hustler for the surgical instrument house of St. Louis, made a nice display of goods at the recent meeting of the Tri-State Medical Society, attracting much attention among the members. This house is one of the oldest and most enterprising in the West, and the physician who desires the latest and best adjuncts to the healing art, should call on or address the Holekamp, Grady & Moore Instrument Co., St. Louis, for catalogue.

Dr. Edward H. Weir is again in our city visiting our physicians in the interest of Melachol. The doctor is en route to Denver and the West, bearing testimony to the efficacy of Melachol from the best practitioners of the day. Dr. Weir is much pleased with our western cities, and says that in St. Joseph, St. Louis, Kansas City, Omaha, Council Bluffs and Leavenworth he has found the brightest physicians in his ten years' experience in detail work.

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NEWS AND MISCELLANY

The Hygeia Sanitarium, at Kalamazoo, Mich., was destroyed by fire March 14th.

State Meeting.--Preparations are being made for a large gathering in Hannibal, May 21st, the occasion of the Missouri State Medical Association meeting. An excellent program is being prepared.

New Use for Cellulose.—A cablegram from Paris brings the news that at the battle of Yalu, the Japanese battleship Matusima was pierced by a 6-inch shot, the ship suffered but slight damage, because the cellulose in her cofferdams quickly expanded and closed the breach. This is the first time that cellulose has been tested in a naval battle.

Easy Sterilization of Milk.—Dr. A. Seibert, of New York, made thirty experiments with milk filtered through cotton. No cream is lost by the process, only germs and filth saved from use. Where plain milk gave 3,800 to 200,000 germs on culture plates, the filtered specimen would show only one-quarter of that number. Filtration is found to be almost as good as sterilization.—*Canada Lancet.*

Dr. Emil Schopen, of Yonkers, New York, won his suit for attendance on Mrs. H. R. Baldwin, who was injured in a railway wreck. The doctor charged $3000 for the operations, which were as follows: Amputation of left hand, three fingers from right hand, removal of both eyes and ears, and transplanting new skin on the skull—cheap enough for the amount of work, but the lady's relatives considered the "remains" hardly justified the expenditure.

Give Them a Chance.—Electricity says there is nothing theoretically improbable in the statement that an Ohio convict has invented a battery which converts sound into electric power by a device which "makes it possible to operate an ordinary call bell by simply clapping the hands in front of the battery." Now if a certain class of lawyers will but stand aside and let justice have its way with criminals, something good may be wrought by the many incarcerations.

Progress in the Embalming Art.—There died, recently, in a Western city, a man whose countenance had for many years pained all beholders. His features were irregular, cheek-bones high, jaw lantern-shaped, and the whole surmounted by a brilliantly illuminated probosis and bloated cheeks. After the funeral a neighbor woman who had taken a "last look at the dear departed," was heard to remark: "Sure an' Mr. B—was the fines' corpse I iver seed: his face wuz so handsome I couldn't belave me own eyes. Faith an' these new buryin' min does wanders in gitten yez ready fer purgatory!"

St. Louis Sanitarium.—This institution, for the treatment of throat and lung diseases, soon will be open to the profession for a limited number of cases. An informal "christening" occurred on the afternoon of April 4th, following the adjournment of the Tri-State Medical Society. About fifty physicians, by invitation of Dr. Paquin, assembled in the reception room of the Sanitarium, and responding to the call of Dr. Love, who acted as master-de-ceremonie, several of those present gave their experience with cases under the serum treatment at the city hospital. After the guests had drunk to the success of the serum-therapy, and to the health of the superintendent, Dr. Paquin, the party were driven to the Planters' hotel. It is the unanimous opinion of those who have followed Dr. Paquin closely in his experimentation with the serum that the results warrant the claims made thus far, and we trust our readers will read the article in this issue of THE HERALD, giving a history of the cases under treatment.

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Tabooed.—The Massachusetts Medical Society has debarred all graduates of the College of Physicians and Surgeons, Boston.

New Brochure.—The Maltine Mfg. Co. have just issued a little work on "Maltine with Coca Wine," which will prove interesting to all physicians. Send for it.

Publishers should not lose sight of the meeting to be held at the Eutaw House on the morning of May 6th. You are all interested in this Association of American Publishers, and should not fail to be present and take part in its deliberations on this occasion.

Gratifying.—The manner in which our friends, the subscribers, are sending in their annual "dues," is indeed gratifying to the editor and publishers, and we hope the movement will continue till not a delinquent name remains to blot our record book. We are determined to reach the seven thousand mark by June 1st, and our solicitors will be under many obligations to present subscribers who will lend them any aid in their respective towns.

Bacteriological Laboratory.—The H. K. Mulford Co., of Philadelphia, held a reception in their new laboratory, on April 3d. Prominent physicians from all over the country were invited to inspect, upon this occasion, the production of the diphtheria anti-toxic serum and allied preparations, and the large number accepting proved the very general interest being manifested in this important subject. The Mulford productions may always be relied upon for therapeutic strength and uniform results.

Experiments with Peyotl.—Before the Physiological Society, Berlin, Prof. L. Lewin gave an account of some experiments made with an alkaloid obtained from a North Mexican cactus called "Peyotl." It is well known that this plant has an intoxicating action, and in large doses producing sleep and a state of nervous excitation accompanied by a so-called "power of prophesying," similarly attributed to the sulphurous exhalations of the temple at Delphi. Small doses of the alkaloid when given to frogs produced tetanic cramps and a much increased reflex irritability, analogous to strychnine; but with this difference, that by carefully apportioning the dose the effects were permanent for several days. Similar results were permanent for several days with rabbits, and Prof. Lewin regarded ths new alkaloid as especially adapted to further the study of the nature of tetanus. In rabbits it was noticed that during each paroxysm of cramps, the blood vessels of the ears were widely extended. The speaker had also found alkaloids with powerful actions in many species of cacti hitherto regarded as harmless by botanists, notably one closely resembling curare.

Antitoxine--Arrangements have been made at the Pasteur Institute for the immediate dispatch of tubes of anti-toxic serum to any part of France. It will be seen that M. Roux and his assistants have worked with a will; the public having through the Figaro, and by means of gifts made directly to the institute, contributed up to December 31, 1894, no less a sum than 611,000 francs ($122, 200). This does not include 100,000 ($20,000) just voted by the Chambers, and which will doubtless become an annual subsidy. The institute now possesses, for immunizing purposes, a stud of 136 horses, a total that will probably be ultimately increased to the maximum of 150. Of these, 20 are kept by the Municipal Council of Paris at a cost of 20,000 francs ($4,000) a year, for the benefit of the Paris hospitals and poor. At Villeneuve d'Etang—a property ceded by the state to M. Pasteur in 1886—there are 79 horses cared for by a capable veterinary surgeon and his staff. That the animals flourish under the regime and good feeding and periodical bleedings adopted is proven by the presence in good health, at Alfort, of a sturdy Brittany pony which has hitherto supplied no less than 420 quarts of blood.

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ITEMS OF INTEREST.

The St. Joseph Academy of Medicine now meets the second and fourth Mondays in each month at the Commercial Club.

Your Sister or somebody's else's sister would appreciate the *Ladies' Home Journal*, or *Munsey's Magazine*, for a year. We furnish either, clubbed with THE MEDICAL HERALD for $2.50, or all three for $3.50.

For the Assistant Postmaster-General.—"'Large reward offered' for a good reason why a monthly journal should pay third-class postage for local delivery and second-class for delivery three thousand miles away."—*The Trade Press.*

Prosperous People Wear Good Clothes" is the reply we make to inquiries such as "How can you afford to issue THE HERALD in such elegant style?" We would add that THE HERALD is one of the *very few* medical journals in this country whose running expenses are balanced by its paid-up subscription list.

Medical Lake, a peculiar body of water, being a prototype of the Dead Sea, in Palestine, is situated about the center of the state of Washington, in a fine, slightly undulating country. It is very sparsely settled with trees, but on the borders of the lake pine trees are thriving well, and the branches even overhang the water; but let them touch it, and those particular branches are doomed to death. Fine fruits and vegetables of all kinds suitable to the climate are growing in the immediate vicinity of Medical Lake, and in this respect it differs from the Dead Sea.

Universal Prescription.—Every doctor should read it and have his family read it, and then their friends, and when it is worn out he should buy another copy, and every now and then for his patient write out an order

℞ "Stories of a country doctor" (King)

M. Sig. One story three times a day just before meals.

As a result his patient's digestion will be improved. A demand for food will soon be established, assimilation will be hastened and all will go as merry as a marriage bell with that patient.—*Medical Mirror.*

The Methods Used by the Somalis for Enforcing Virginity.—The custom of enforcing virginity is adhered to by the Somalis with a religious strictness (*Indian Medical Record*). The *gabad* or maiden, when seven years of age, is forced to submit to a plastic operation, the operator in this instance, as in all other cases of surgical necessity, being the *vadad* or priest. He pares the coinciding edges of the labia majora upwards of three-fourths their length in the antero-posterior direction, and holding them tight between the forefinger and thumb of his left hand, effecting thereby the coalescence of the pared margins, he fixes them by means of three stitches. The needle used here is a wooden one, smoothly hewn from the trunk of a certain tree, said to be mentioned to their Koran; and the thread is a course, thick twine twisted from the interior of the bark of the same tree. There is only a very small opening left for the menstrual discharge and the escape of urine, which has to find its way out the best way it can. After the operation the young lady is placed on a mat on the floor of their abode, which is of very frail and temporary construction, specially so intended to meet the requirements of their nomadic pursuits. There she lies for several days, her legs tied together, with no dressing of any sort, except a piece of rag used as a covering for the part, until nature *versus* ill-nature sets up a friendly union of the parts. The *gabad* usually gets married after the age of twelve—that is, if there happens to be a young man about who is desirous of marrying her. The duty of breaking through the dam devolves upon the bridegroom, who is often too shy to undertake such an operating measure, in which case he is replaced by the oldest woman of the family, who with the help of a small knife surmounts the difficulty in no time.

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THE MEDICAL HERALD

MEDICAL HERALD COMPANY, - - - - PUBLISHERS.
CHAS. WOOD FASSETT, - - - BUSINESS MANAGER.

PUBLISHING HOUSE,
CORNER SIXTH AND CHARLES STS.

SAINT JOSEPH, MISSOURI.
TELEPHONE NOS. 196 AND 786.

ALL matter pertaining to this department, or concerning advertisements, to insure prompt attention should be addressed to the Business Manager . . . . . .

THE HERALD'S circulation being among a class of physicians who PAY THEIR SUBSCRIPTIONS (and consequently READ each issue), this journal naturally offers the best opportunity to those advertisers who desire to reach the thrifty and progressive practitioners of the West and South.

Publishers' Bureau.

THIS DEPARTMENT will be devoted to such notices and comments as the Business Editor may feel inclined to make of deserving and meritorious preparations, and such items of news concerning new goods as will prove interesting to our readers. Practitioners are particularly requested to send us brief facts concerning the success of preparations advertised in THE HERALD, as demonstrated in their practice, and we will always be glad to give space in our Original Department for extended reports of clinical cases. Practices for sale, or notices of removal, not exceeding ten lines, will be inserted FREE three times for subscribers. Always state reasons for selling.

Phosphorized Cod Liver Oil has been known to restore gray hair to its original color.

Celerina is one of the most prompt and efficient of remedies for devitalized or broken down constitutions.

The Modern Kiss.—Mother—Did I hear you kiss young Doctor Flynn at the door? Daughter—Yes, mamma; but Charles applied an antiseptic immediately. —*Med. Brief.*

New use for Antikamnia.—The field for Antikamnia appears to grow wider and wider the more the subject is investigated. Dr. D. H. Howell, the editor of the Southern Medical Record, says he has been a great sufferer with his eyes for the last two or three months, at times suffering the most intense pain. After having tried a number of remedies without effect, he thought of Antikamnia. This is the result as he states it: "I was relieved in less than two hours. I now carry Antikamnia in my pocket all the time."

At the Midwinter Exposition.—To the Doliber-Goodale Co., Boston, Mass. Dear sirs:—Mellin's Food has given entire satisfaction in the Creche at the California Midwinter International Exposition, and it gives me great pleasure to so advise you. I have made use of no other infant food, but have used Mellin's Food exclusively for feeding the infants and children left in the Creche, during the whole term of the Fair. Yours truly, Miss COLUMBIA J. von SCHMIDT. Matron of the Creche at the California Midwinter International Exposition.

Sander & Son's Eucalypti Extract (Eucalyptol).—In the article treating on inhalations of eucalyptus in cases of diphtheritis (Berlin *Klin. Wochenschrift*, 1876, No. 21) by Prof. Dr. Mosler, Director of the Medical clinic of the University at Griefswald, it is stated: "The oleum eucalypti folies, I employed in my tests, I received through Holzle & Chelius, Frankfort-on-the-Main; it must not be mistaken for the more frequently offered oleum eucalypti australe which is obtained from the wood of the eucalyptus trees. This latter oil is used commonly for mechanical purposes and has a far cheaper price; it is, however, no longer applied by me as an internal medicament." We certify that the oleum eucalypti folies named in the Berlin *Klin Wochenscrift*, 1879, No. 21, and there mentioned to have beeu procured from us, was the product of Messrs. Sander & Sons, Sandhurst, Australia. Holzle & Chelius, Frankfort-on-the-Main, Agents.

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More Appropriate.—"Do you know," said the man who was going to have a tooth pulled, "I don't thing 'dental parlor' is a good phrase?" "No?" "Drawing-room would be much better."—*Wash. Star.*

Dr Gordillion, St. Amand, France, says: "I have tried Aletris Cordial in a case of dysmenorrhea. The result I obtained from the use of the preparation was excellent—far better than I obtained in the same patient by prescribing the usual remedies employed in such cases.

The Herald's Premium List is the best ever offered to western physicians, and the subscriptions are rolling in at such a rate that our limited supply will soon be exhausted. If you need anything in the list now is the time to get it free of charge. All premiums warranted to be first-class.

Worth Remembering.—Physicians who dispense their own remedies, and there are but few who do not carry a small pocketcase, will find it greatly to their professional advantage to carry a small supply of gelatin capsules, in order to enclose the tablets, powders or pellets they choose to prescribe. Parke, Davis & Co. make just such an article.

About Fluid Hydrastis.—Dr. J. C. Ross of Muncie, Ind., writes to the Wm. S. Merrell Chemical Co., Cincinnati: "One of your best preparations is the Fluid Hydrastis. I think after constant use of it for a long time, it is the best preparation of Hydrastis I have ever tried. I have used everything of the Hydrastic kind and find nothing that fills the bill so well. I am using it at the rate of a pint a week."

Dr. E. P. Hershey, who is Professor of Clinical Medicine at the Gross Medical College of Denver, and also one of the Physicians at St. Anthony's, the largest hospital here, in his lecture to his class on scarlet fever, said that the most important thing was keeping clean, and in an antiseptic condition the mouth, nose and upper air passages, and that for this purpose he knew nothing better than Pasteurine, because it is a more powerful antiseptic, has a more pleasant odor and taste, and costs less than any other preparation he knew of.—Gross Medical Bulletin, Denver, Colorada.

The Ideal Alterative.—Dr. Chauncy Stewart of Allegheny City, Pa., has used Iodia very extensively in his practice and regards it as the "ideal alterative—the *sine non* in the treatment of syphilis, scrofula, and all diseases arising from syphilitic contamination or a strumous diathesis. Iodia has this advantage over mercurial treatment in syphilis: when the patient get well, he is well. He is not tortured with mercurial rheumatism nor made to blush through the syphilitic blossoming of his face in after years. *He is well!* Unlike the long-continued use of other alteratives, Iodia does not reduce and debilitate the constitution, but invigorates and restores the vital powers and enables the patient at all times to continue in the discharge of his vocation."

Chronic Rheumatism.—G. W. Dunlap, M. D., Perry, Iowa, says: Years ago while residing at Cambridge, Ill., a young lady 19 years, applied to me for a case of chronic rheumatism involving both arms from the shoulders to the ends of the fingers. She had been under the treatment of good physicians for over a year before applying to me, but without obtaining any relief. I put her on the use of Elixir Iodc Bromide of Calcium Comp. (Tilden's), dose teaspoonful every 4 hours in wineglassful of water for 3 days; then 3 times daily one hour after meals. At the same time I prescribed the Solution Iodo Bromide of Calcium Comp. externally; directed to be heated as hot as it could be borne and applied with flannels three or four times daily. To my surprise and gratification of my patient, she was well and free from rheumatism as any one, inside of six weeks, and has been so from that time to this, nearly sixteen years. I could refer to other cases but this will suffice.

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Lactopeptine is also prepared in tablet form. See page 1.

Mercauro's increasing popularity has tempted the imitators. Read page 5.

Surgical Chair.—Any doctor in need of a first class operating chair, can secure a bargain by addressing RETIRED, care MEDICAL HERALD, St. Joseph, Mo.

Enterprise.—An undertaker who will follow a doctor's buggy around and deposit his business card at the house visited by the physician, as one was seen to do in St. Joseph the other day, will rob a grave.—*Daily News.*

Reduced from 214 to 185 pounds.—I am using Phytoline (Walker) on a lady who nine weeks ago weighed 214 pounds; was weighed last week and had lost 29 pounds, weighing only 185. She is much pleased with the medicine, and will continue until her weight is less than 160 pounds.

J. H. WECKEL, M. D., Breakabeen, N. Y.

To Our Readers.—In addition to publishing the best original articles of any journal in the West, THE HERALD desires to enlarge its News Department, and to this end earnestly requests all its friends to send in news and items concerning the cases they treat; removals; notices of births, marriages, or deaths, occurring in the families of physicians; together with any thing of interest to the profession of the great Missouri Valley and contiguous territory.

Time is Money.—In giving the profession a surgical dressing for use in minor surgical, obstetrical and gynecological cases; unalterable, always ready for use, and with merit that is unquestioned, the Norwich Pharmacal Co., Norwich, N. Y., deserves the thanks of every practitioner. "Time is money;" it is also much more to the suffering patient, and the time saved and agony avoided by having a jar of this preparation in your office can be estimated after it has been used for a few weeks. Its range is so wide that the average practitioner, whether general or special, will rarely find a day in which it may not be used with benefit. If you have not become acquainted with it drop the manufacturers a card and they will gladly send sample and literature.

Forced Feeding in Consumption—Ever since Dujardin-Beaumetz recorded his observations on forced feeding or gavage, its importance has been generally recognized by the medical profession. Unfortunately, to force food down a man's throat does not insure its digestion and consequent absorption. If we would supply the waste of this dread disease we must go a step further, and it is a recognition of this fact which has attracted so much attention to the subject of artificial digestion. Once digest food, whether in the body or outside of it, and nature will look after its disposition. Artificially-digested foods have not up to the present time, been a success, for the simple reason that they are unpalatable, but in Paskola, which is now being so extensively advertised to the medical profession, this objection has been entirely overcome. The wasting consumptive needs fat, and, as we all know, starch is the natural source of this component of the animal economy. If evidence in support of such a statement were needed, we have only to look at the corn-fed hog. It was this that led the manufacturers of Paskola to adopt a pure form of artificially-digested starch as the basis of their preparation. Not only is Paskola a fattening food, the assimilation of which is assured, but it contains a physiological proportion of hydrochloric acid, and a combination of digestive ferments that insure the digestion of proteid or meaty foods taken in conjunction with it. Therefore Paskola, with a diet of rare meat, eggs, and similar articles rich in nitrogen, constitutes the ideal food for the consumptive. It is so very palatable that the weakest stomachs receive and tolerate it without inconvenience, and its administration is almost invariably followed by a marked increase in weight and appetite. The Pre-Digested Food Co. have such unbounded confidence in the product that they liberally offer to send a sample, express prepaid, to any physician who may request it. Their advertisment will be found on another page.

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Change of Profession.—Physician—What is your profession? Patient (pompously)—I'm a gentleman. Physician—Well, you'll have to try something else; it dosen't agree with you.

Thiol has been used and recommended by Dr. C. E. Williams of Cambrigeport, Mass. in eczema, rheumatism, and in wounds, burns and scalds, locally applied mixed with lanoline or dissolved in water.

Adhesion of Placenta, with Hemorrhage.—I had a bad case of adhesion of placenta, with dangerous hemorrhage. With ergot and Sanmetto the danger was at once removed, and by continued use of Sanmetto patient, although very weak from loss of blood, improved rapidly, and is now up and about helping about her work. In sixty years practice, with an attendance upon more than three thousand child births, I have used no medicine that seemed to hit the case better than Sanmetto in this instance. I am now in my eighty-seventh year and have practiced since 1832. S. G. Matson, M. D., Viola, Iowa.

Melachol.—Melachol, the advertisement of which appears in one of our pages, and to which we draw the attention of our readers, is the product of experimentation of the most reliable pharmaceutical purveyors in St. Louis. Its projectors and manufacturers are among the best and most thoroughly well-known drugmakers in St. Louis. In an agreeable, attractive form, melachol furnishes several remedies which are admirable laxatives, the most prominent of which is the phosphate of soda, and those who are familiar with the value of this remedy, and the importance of having a pure article, will appreciate melachol. In conditions of catarrh of the bile duct and the gall bladder, and of the intestinal canal, there is no better remedy than the phosphate of soda. Melachol, then, in doses from a teaspoonful, to a tablespoonful, according to the laxative effect desired, in a half a glass of water, two or three times a day, will be found of great value. The well-known solvent effects of this combination upon gall stones and other unfavorable condi- of the intestinal tract will commend it. We are confident that the medical profession will welcome melachol. The editor of this journal has already tried it in a large number of cases to excellent advantage, and confidently commends it.

I. N. Love, M. D., in *Med. Mirror.*

Leucorrhœa.—In a recent paper on this subject, by Dr. W. C. Wile, the author concludes as follows: "Just before the menstrual period the size of the uterus from vascular engorgement is increased greatly, and if at this time the deliverance from hyperæmia be interfered with by any malign influence such as cold, etc., the shock falls upon the vasomotor nerve system. It is true likewise that paralysis of the vaso motor nerves arrests the circulation and the vascular engorgement remains, when the first stage of chronic enlargement with its subsequent pathological changes is set up. Without going into etiological detail we may state that the enlargement being now a mixed factor, the element of mechanical pressure in its turn, impairs the neurotic force essential to contract muscular fibre or stimulate the absorbent and capillary systems. It is at this point that Vinum Fraxini Americanæ exerts its specific influence and extends its remedial action, exerting (unlike ergot) a gentle, persistent tonic impression upon the benumbed nervous system. The result is the disappearance of the neurasthenia, the absorbents wake up so to speak, and proceed to perform their function properly, the tough adventitious tissue is removed and the uterus returns gradually to its normal size and condition. I found in the class of cases enumerated above if the treatment be carefully and conscientiously carried out the effort will be crowned with success, in from six weeks to four months, while marked improvement is manifest, in from one to three. The dose should be one teaspoonful before each meal. If a careful trial is given we predict satisfactory results. The Wine of American Ash which I used was made by Theodore Metcalf Co., Boston, Mass.

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Calendar.—We are in receipt of a handsome calendar for 1895, issued by Frederick Stearns & Co., Detroit, from their own press.

An Up-to-Date Doctor—"Dyspepsia is what ails you." Patient: "What do you advise?" Doctor: "Tip the waiters."—*Tit-Bits.*

Physicians would do well to note the value of Pasteurine tablets as prophylactic, to keep in the mouth when exposed to diphtheria and other infectious maladies. Pasteurine is the ideal germicide and disinfectant; it is palatable, aromatic and non-poisonous.

Compound Talcum as a Surgical Dressing.—In a recent paper read before the Mississippi Valley Medical Association, entitled "The Neatest Circumcision," Dr. Bransford Lewis after describing an ideal operation, concludes as follows: "My dressing consists of a square of antiseptic gauze, perforated for the meatus, and sprinkled with Fehr's talcum powder."

Pulmonary Troubles.—After a practice of nearly thirty years and quite an extensive one in regard to pulmonary troubles, having used all of the emulsions, maltines, and different preparations that are recommended for said troubles, I find Terraline one of the most efficient and pleasant preparations that I have ever prescribed. W. I. Moore, M. D., Clay, Ky., February 8th, 1895.

The Perfect Register for Physicians is made by Henry Bernd & Co., of St. Louis. That this is true is proven by the testimony of thousands of doctors, which will be mailed to you free of charge, together with sample leaves of the book, showing its simplicity and perfect methods. Averse as are the Britons in granting copyrights to Americans, they conceded the superiority of this account book, and have granted full protection to Messrs. Bernd & Co. in England—the first patent, by the way, ever issued in Great Britain on physicians' registers, a distinction to be proud of.

A Compliment from the Tropics.—The H. K. Mulford Co.'s tablets and triturates are becoming world renowned. This enterprising house has just received a very flattering letter from Dr. Franklin P. Lynch, superintendent of the American Baptist Missionary Sanitarium, located at Mukinvika, Congo Angola, Southeast Africa. The doctor states that the tablets have proven especially serviceable in the severe bilious fever of the tropics. A similar letter was received some time ago from India, which also stated the value of this medicament over all other forms which they had tried, advising at the same time their greatest difficulty heretofore had been in securing a form of medication which would be satisfactory and withstand the climatic conditions which exist in this country. The army and navy largely adopted this tablet and triturate medication on account of its permanency under all climatic conditions.

Cold Facts About Hot Springs, Arkansas.—This is the most famous health and pleasure resort on the Continent, and at the present time, the season is at its height. For the entertainment of guests a running meet has been arranged for at the race track, as well as base ball games and foot ball games between professional clubs at the park. There is also good shooting in the mountains and splendid fishing in the streams. In addition to the wonderful hot water, there are beautiful drives laid out to the numerious other springs and resorts in the adjoinings hills. This great sanitarium can be reached direct from St. Louis by through Pullman Buffet Sleeping Cars via the Iron Mountain Route, which connects with all lines from the east, north and west at the magnificient new Union station. Descriptive and illustrated pamphlets containing all information (mailed free) on application to company's agents or H. C. Townsend, General Passenger Agent, St. Louis, Mo.

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L. B. EDWARDS, M. D., Pres. Richmond, Va. | J. C. CULBERTSON, M. D., V-Pres. Cincinnati, O. | J. MACDONALD, JR., Treas. New York City.

Organized September 6, 1893, at Washington, D. C.
First Annual Meeting, at Hot Springs, Va., August 13-14, 1894.
Next Meeting at Baltimore, Md., May 6, 1895, 9:30 a. m.

American Medical Publishers' Association

Secretary's Office,

CHAS. WOOD FASSETT, SECRETARY.

Sixth & Charles, ST. JOSEPH, MO.

MEETING OF MEDICAL PUBLISHERS.

The annual meeting of the Association of American Medical Publishers, which will be held in Baltimore, Md., May 6, promises to be the most eventful in the history of this organization. Fully one hundred publishers and editors have signified their intention of attending this meeting, and the many applications for membership now coming in evinces the growing interest in the progress of medical journalism from the standpoint of the publisher. A friendly exchange of ideas and methods, and the discussions following the reading of the papers presented, will be beneficial to every business man present. A cordial invitation is extended to every one connected in any way with the publishing or management of medical periodicals. "Come with us and we will do you good."

LANDON B. EDWARDS, M. D., Pres.
Richmond, Va.

CHAS. WOOD FASSETT, Sec'y,
St. Joseph, Mo.

Kindly insert above or similar notice in current issue of your magazine, and advise the secretary whether you intend to be with us or not.

The Æsculapian is soon to be launched from Kansas City.

The Inter-State Medical News, a new quarterly, is announced from Sioux City, Iowa.

The new monthly just started in Chicago, under the editorial management of Dr. Harold Moyer, succeeds the *Western Medical Reporter*, which has suspended. The new journal has been christened *Medicine*, and it has our best wishes.

The Buffalo Medical and Surgical Journal will celebrate its semi-centennial anniversary by increasing its reading matter to eighty pages, and otherwise enhancing its value to its subscribers. We congratulate Dr. Potter upon the well-deserved success he has achieved in medical journalism.

Casa Braccio.—Readers of Marion Crawford's novel "Casa Braccio," now appearing in *The Century*, will be interested in knowing that the story as printed so far, is true, except that the scene of the actual occurrence was in South America instead of Italy. The nun who really escaped from a Carmelite convent with a Scotch surgeon, was the niece of a bishop. A skeleton was placed in her bed, when it was fired, instead of a body as in Mr. Crawford's story. After much suffering the surgeon and his wife reached the sea-coast, and were taken aboard an English vessel, whence they sailed to Scotland and lived for many years in Edinburgh. The part of Mr. Crawford's story still to appear, portraying the punishment visited upon the pair for their sin, is imaginary.

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THE MEDICAL HERALD

A PRACTICAL MONTHLY JOURNAL OF THE MEDICAL SCIENCES.

HIRAM CHRISTOPHER, M. D., Editor.

To contributors of Original Articles, a liberal number of copies of the HERALD will be given (or mailed free of expense if addresses are furnished), and the publishers will furnish reprints at cost, application for same to be made when copy is forwarded.

Illustrations will be furnished FREE for all articles requiring same, if drawings are furnished.

Original Articles, Clinical Reports, Society Proceedings, Correspondence and News invited.

Address all articles for publication, books for review and exchanges to the EDITOR.

Address all correspondence relating to subscriptions and advertisements to MEDICAL HERALD CO., Sixth and Charles Streets. (See Publishers' Bureau.)

Volume XIV
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Contributed Articles

[EXCLUSIVELY FOR THE MEDICAL HERALD.]

A Few Suggestions on Subjects of Daily Interest.

BY JACOB GEIGER, M. D., ST. JOSEPH, MO.

Professor of Surgery Marion-Sims Medical College, St. Louis, and Ensworth Medical College, St. Joseph.

AND W. J. BELL, A. M., M. D., ST. JOSEPH, MO.

Professor of Pathology and Adjunct to Chair of Surgery Ensworth Medical College, St. Joseph, Mo.

THE medical profession, so far as our own country is concerned, has fallen in with the madding crowd, and while principles in medicine and surgery have been faithfully inculcated, there has been no time for drill in those important matters of detail which aid so materially in perfecting the successful medical man. It is with a view to making more plain some of the minor points in medicine and surgery that this article has been written.

Chloroform has now been in use for half a century, and yet its many advantages are known to but few physicians if, indeed, any one has grasped them all. When called suddenly to relieve pain it is needless to wait for the action of morphia, even if administered hypodermatically or for its slower action when absorbed by the stomach, a few deep inhalations of chloroform will grant immediate relief, which, if not permanent, as it will be in many cases, may be continued until more permanent anodynes are absorbed—a few drops on a handkerchief laid over the seat of pain acts more promptly than any other counter-irritant. The gratitude of the patient thus quickly relieved, and the satisfaction the physician himself feels will abundantly repay him who shall avail himself of the pain-relieving properties of chloroform apart from surgical anesthensia.

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In obstetrical practice that man is too slow for his time who fails to use chloroform in every case where it is possible to use it. If ever there was a God-given remedy for the relief of suffering women, that remedy is chloroform. Nor is it necessary here to produce complete anesthesia save in exceptional cases. We owe it to women, in their hour of greatest distress, to make our time theirs and use every means known to our craft to effect their relief. The anxiety and energy put forth by the average physician, to catch the child as it comes into the world, and thus gain a fee, would be more in accord with the spirit of our profession if put forth for the alleviation of the patient's pain. A word as to chloroform in the production of complete anesthesia. We do not believe that any anesthetic is perfectly safe. Nor can it ever be, so long as pain is the preserver of our race, but we do believe, however, that chloroform is the safest anesthetic when all conditions are considered. Simplicity in administering is one of the elements by which danger may be avoided. Complicated apparatus should be abandoned without delay. A small perfume dropper which can be easily regulated as to the rapidity with which it drops the chloroform, placed in a small bottle say one that will hold an ounce and a half, makes a most convenient means for administering chloroform; this, with a silk handkerchief or a thin small napkin furnishes all that one could ask. The great objection to be offered to the Esmarch dropper is that it is too large to hold easily, especially when struggling with an unruly patient, and it is a very uncertain dropper with no means of regulating the quantity of the drug. The Esmarch inhaler is objectionable on account of its unchangeable contour and because an unruly patient can grasp it too readily from the administrator's hand. It is a great advantage and, we believe, lessens the danger if the patient is told to breathe through his mouth as long as consciousness remains. Respiratory forgetfulness is not so likely to occur, and the patient will more gradually come under the influence of the anesthetic, a very important thing from the standpoint of safety. Ask fifty students or graduates what are the contra-indications for the use of chloroform and forty-nine will answer first cardiac lesions. Just who was the originator of this expression may never be known; suffice it to say that it is found in many text-books and has the weight of that awe inspiring something, called authority. Poor old Authority, what lies have been told in your name! A weak or diseased heart calls for care no matter what anesthetic is used, but this is no more true of chloroform than of ether or A. C. E. It is not in diseased hearts that we get our trouble, especially if the lesion is valvular, as there will, in all probability, be a sufficient hypertrophy to fully take care of any valvular trouble. The dangerous cases are those which apparently are sound in every particular, and yet die in spite of all our efforts or before any efforts are made. Thorough preparation by rest and stimulation with strychnia and brandy before anesthesia is begun cannot be too strongly urged. Be prepared for accidents, and like the armed hunter you will seldom see anything very startling.

The following rules for those inexperienced in administering anesthetics may be of aid.

1. Remove all false teeth and loosen the clothing if it in any way retards respiration.

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2. Half an hour before the operation, if possible, stimulate your patient with strychnia and brandy.

3. Administer the anesthetic slowly, and if chloroform is given have the patient breathe through the mouth.

4. Watch the respirations, and occasionally feel the pulse, but that needs only secondary consideration.

5. If there is irregular or disturbed respiration proceed with utmost caution for you are on dangerous ground.

6. Should respiration cease, turn the patient on the right side, draw out the tongue, and perform artificial respiration. If not quickly relieved suspend the patient head downward and continue artificial respiration, always remembering that it is not necessary to bruise the defenseless sides of your patient to keep up respiration.

7. Stay with the patient until consciousness returns, and if there is nausea cause him to inhale vinegar from a handkerchief.

AN EFFICIENT DRESSING POWDER.

An efficient dressing powder of reasonable price, odorless and non-irritating is a desideratum in modern surgery. If the number of substitutes for iodoform at present in the market are any indication, such a powder will fill that much mentioned necessity: "A long felt want."

We present a powder which satisfies us, and we trust may prove serviceable to others. It is not a substitute for iodoform; there is no substitute for that malodorous combination unless it be a mixture of sulphuretted hydrogen and sawdust. Perfect dryness is absolutely inimical to the development of germs, and in the powder to be mentioned we get almost perfect dryness. Having carefully experimented, we find that it does not retard but aids coagulation of blood, another quality greatly to be desired. We have used the powder for over a year and in the treatment of uncontaminated wounds we use no other:

℞ Aristol ..... ʒ iss
Subgallate of bismuth ..... ʒ ii
Acetanilid ..... ʒ i

Make into a fine powder; use in a pepper-box and use freely.

613 Francis Street.

Elected.—The following officers were elected in the Iowa State Medical Society, at their annual session held at Creston, Iowa, April 17th, 18th and 19th: President, Dr. D. S. Fairchild, Clinton, Iowa; First Vice-President, Dr. F. S. Thomas, Council Bluffs, Iowa; Second Vice-President, Dr. H. E. W. Barnes, Creston; Treasurer, Dr. G. R. Skinner, Cedar Rapids, Iowa; Secretary, Dr. J. W. Cokenower, Des Moines. Place of meeting in 1896, Des Moines, Iowa.

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Some Unusual Cases of Abdominal and Pelvic Surgery.

By MILO B. WARD, A. M., M. D., Topeka, Kansas.

READ BEFORE THE WESTERN ASSOCIATION OF OBSTETRICIANS AND GYNECOLOGISTS, OMAHA, NEBRASKA, DECEMBER 27TH, 1894.

ONLY a few years ago surgery of the abdomen and pelvis was confined to such a limited number of operators and, therefore, not sanctioned by the vast majority of physicians and surgeons, it was especially essential that current medical literature should be filled with the reports of cases.

In abdominal and pelvic work most of the cases are without special interest to the general practitioner, and so common to the specialist that it is hardly worth while to occupy the time of this society by referring to them.

A few cases which I shall report, have occurred in my practice since we convened at Des Moines, Iowa, last December.

Perhaps I may be pardoned in making the statement that, aside from the cases I herewith report, I have had a large number of very difficult and trying cases, including a goodly number of hysterectomies, with a mortality of three per cent.

CASE I.—PYOMETRA, TUMOR WEIGHING THIRTY POUNDS, OPERATION BY COELIOTOMY, RECOVERY.

Mrs. F., aged 22, married for three years, mother of two children, the younger three months old at the time of operation. The history of the case as given by her attending physician, Dr. Billingsly, of Belleville, Kansas, is about as follows: Nothing unusual occurred in parturition, and recovery was rapid until about the twelfth day, when Mrs. F. had a hard chill, accompanied by tenderness in the lower abdomen. From this on she complained constantly of chilly sensations and great soreness above the pubis, soon involving the entire abdomen in tenderness. About one month after the birth of the child she noticed an enlargement in the region above the uterus, which caused her some alarm, and her physician was summoned. Nothing definite was determined regarding the cause of her condition, and temporary treatment was prescribed with a view of watching the case. Mrs. F. rapidly grew large, and at the same time weak and thin in flesh. Her temperature chart during this time was not taken, but the history shows there must have been some fever. The abdomen growing so rapidly caused her physician to be alarmed regarding her condition, and he corresponded with me, giving me the history about as I have stated. This was about ten weeks after the birth of the child. I was not able to diagnose the condition without seeing the patient, and informed the physician that it would be best to have her come at once to my hospital. The arrangements were made as soon as possible, and she came about twelve weeks after her confinement. Her appearance when she arrived was most pitiable; a tiny

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little woman, weighing not over eighty pounds, with a tumor as large as though she was at full time gestation. Her pulse ranged from 140 to 160 per minute, and temperature from 101° to 104° F. Upon examination, I was impressed that the tumor must be of pus, because all the symptoms pointed to that condition. Digital examination revealed the fact that the uterus was involved in the tumor, but so obscure were the conditions that I resorted to the use of the sound to confirm my diagnosis. Instead of confirming my diagnosis I was led to believe that I had been in error, that the uterus was not involved, because of the fact that the sound passed into the uterus two inches and a half, indicating almost the normal length.

Two other physicians examined the patient, and they also were uncertain regarding the diagnosis. The patient was placed on concentrated food, such as beef juice, milk, eggs, etc., and frequently bathed with water and alcohol, with a view of increasing her strength and vitality for the ordeal of an operation. Instead of improving, the patient rapidly failed under the careful regime, and we were obliged to operate to save her life. The operation was done upon the diagnosis of a pus tumor in the abdomen, without knowing its exact origin. Incision was made in the median line of the abdomen, aud in order to reach the pus sac we found it necessary to go through a muscular wall below the peritoneum, which enabled us to diagnose our tumor as of the uterus, without any further delay. The pus was let out rapidly, and removed from the room as fast as possible, on account of its very offensive odor. I attempted to separate the uterus from the abdominal parietes, but found it impossible to do so; the uterus and the abdominal wall were one solid growth. I then enlarged the incision, up to and beyond the umbilicus, only to find that the intestines and uterus in that part of the abdomen were one solid mass of adhesions. I separated a few coils of intestine, but finally had to abandon that part of the work, because the patient was apparently dying on the table. Nothing now remained to be done but to inform the husband that the patient could not recover were we to do more operating, and there was no chance for her to recover if we did not complete the operation. While dissecting as above described, the opening into the pus sac had been kept closed by large tissue forceps. The intestinal peritoneum was so much injured in the dissecting process that the Paquelin cautery had to be used extensively to control the oozing. After thorough irrigation by the use of hot water, I closed the upper portion of the abdominal incision by interrupted deep sutures of silk-worm gut; I next sutured the uterus to the abdominal wall tightly, to prevent the possibility of pus entering the peritoneal cavity. This thoroughly done, I washed and scraped the pus cavity, removing large quantities of shreds of pus, then inserted a glass drainage tube, and put the patient to bed to die—as I supposed. In four hours after the operation her temperature had fallen from 104° to 100° F., the pulse had gone down to 120, from 160, when the patient was first placed in bed. The after-treatment of the patient consisted of the most nutritious diet, and frequent irrigation of the pus cavity through the glass drainage tube. After forty-eight hours the patient seemed to be entirely out of danger, and from this on recovery was rapid and uneventful. One week after the primary operation, Mrs. F. was again

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placed on the operating table for the purpose of making an opening through the uterus by way of the cervical canal, to the pus sac. This was done by means of a blunt sound, passed up and crowding the uterus into the abdominal incision, so that I could cut down onto the sound from above. I then passed a rubber drainage tube through this opening, enabling me to drain the pus per vaginum. The drainage tubes from this on were rubber, glass, and bone, as the case progressed. The patient went to her home four weeks after the operation, with the abdominal incision healed, save a small sinus for drainage, and with a bone drainage tube in the cervical portion of the uterus. Mrs. F. has made a perfect recovery, and has been doing her own work for several months. There is still a sinus in the abdomen the size of a goose quill, and probably always will be, but it does not cause her any trouble.

The most important feature in the history of this case is the fact that the uterus was involved and formed the tumor wall, and at the same time enough of the uterus was normal at the time of the examination to indicate that this organ was not involved. So far as I could judge, only that portion of the uterus above the Fallopian tubes, or the extreme fundus, was implicated in the tumor formation. So far as I have any knowledge of the matter, this is quite an unusual case. The pus removed weighed thirty pounds. In order to complete the operation ante-mortem, it was necessary to administer frequent heart stimulants hypodermically.

CASE 2.—DERMOID CYST WEIGHING THIRTY POUNDS, RECOVERY.

Mrs. M., aged thirty-two, married, mother of two children, ten and twelve respectively. Always in fair health until the last year, since which time she has lost strength and flesh quite rapidly, and when brought to my hospital by her physician, Dr. Janes, of Williamsburg, Kansas, was quite weak, although able to walk about the house. The tumor had been growing for a number of years, but its growth was so gradual that the patient had not considered her condition critical until quite recently. The tumor was diagnosed, ovarian cystoma of the left ovary. Upon opening the sac with the trocar we were confronted by complications unlooked for. The cyst contents were so thick that they would not flow through the trocar at all freely, and soon we discovered that the trocar was blocked by sebaceous matter, causing us to abandon its use entirely. The fluid portion of the cyst was removed as best we could, and the incision enlarged so as to enable the large tumor to be removed through it. An ovarian hematoma, the size of a large orange was removed from the right side. Nothing of unusual interest occurred. We washed the intestines quite like one would wash linen, as some of the contents of the cyst had escaped into the abdominal cavity. The abdomen was closed without drainage, and the patient placed in bed without the least shock. Her complete recovery was rapid and uneventful. She returned to her home in four weeks after the operation.

The unusual feature in this case, is the nature of the contents of the sac, a portion of which I herewith present you for examination. There was a large quantity of long, straight hair, several bunches of which grew from

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the cyst wall, and a large quantity of loose in short pieces floating through the tumor contents, and a portion of which formed nuclei for what I call "moth-balls," of which there was about one gallon and a half. These balls, or marbles, as you will see by the specimens which I present, vary from the size of moth-balls as manufactured and sold by druggists, to the size of small walnuts. These balls seemed to be composed of sebaceous matter, and were evidently formed around these short hairs by the motion of the fluid in walking and riding. There was some tissue resembling true skin attached to the inner wall of the sac, a portion of which is also found in this jar.

My friend and assistant, Dr. J. L. Gilbert, Professor of Histology and Pathology in the Kansas Medical College, has kindly prepared these drawings which nicely represent the histological peculiarities of this sebaceous matter. So far as I know, only one case of the kind has been reported, and that by Dr. Munde.

I have occupied your time to report this case, because it seems of unusual interest to me on account of the peculiar formation of the sac contents.

CASE 3.—LARGE OVARIAN CYST, UNIVERSAL ADHESIONS, HEMORRHAGE CONTROLLED BY SEVERAL YARDS OF STERILIZED GAUZE, RECOVERY.

Mrs. D., aged sixty, widow, mother of seven children, the youngest thirteen years of age. Gives a history of mental hallucinations, amounting to confirmed insanity, and has been confined in the asylum most of the time for the past six years. The asylum records give no history of tumor growth upon her entrance into the institution, and no examination had been until about six months ago. At this time her health began to fail, and the tumor rapidly grew, revealing a condition which caused the asylum attendants some alarm. I saw the patient in consultation with the Superintendent of the Topeka asylum, and recommended an early operation in order to save the patient's life, without any thought, however, that her mind would be improved by operative procedure. Owing to the many delays so common in institutions of this kind, the operation was postponed until the patient was reduced to such a critical condition that I considered it unsafe to attempt the operation at the asylum, where skilled nurses could not be had, and brought her to my private hospital. The contents of the sac were readily carried off by the trocar. Every inch of the cyst wall was firmly adherent to the abdominal peritoneum and the intestines, so that the dissection was tedious and the bleeding alarming. To control the general oozing, several yards of iodoform gauze was tightly packed into the abdominal cavity and allowed to remain twenty-four hours. The patient was placed in bed more dead than alive; salt water per rectum, hypodermic injections of strychnin, digitalin, etc., resorted to, and she rapidly recovered. Her mental condition was apparently natural after the first twenty-four hours. She went to a boarding house in Topeka, five weeks after the operation, a perfectly well woman, both physically and mentally, and has remained so for three months.

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I do not report this case with the view of putting on record the fact that this patient has temporarily recovered her mental equilibrium, as the result of this operation, but, nevertheless, it is interesting to be able to make this statement. That she may have a return of her mental aberrations is to be expected. In addition to what has already been said, I may note that the uterus was firmly bound in the retroflexed position, which may account largely for her insanity. I cannot state that this condition was present when she was admitted to the asylum. There is necessity, however, for more thorough investigation, by competent specialists, of all cases giving a history of pelvic disease when admitted to asylums.

CASE 4.—INSANITY WITH HOMICIDAL TENDENCIES, DISEASED PELVIC ORGANS, OPERATION, COMPLETE RECOVERY.

Mrs. S., aged twenty-seven, mother of two children, aged two and four years. History of fair health until about two years ago, when she was attacked by violent hallucinations, and attempted, on several occasions, to take her own life, to escape the terrible catastrophe which she supposed was about to overtake her. Her confinement in the asylum had been of short duration, at the time I was called to her, in consultation with the Superintendent. Upon examination I found the uterine annexa enlarged and firmly adherent, and extremely tender. I recommended the total extirpation of the appendages as the humane thing to do, and also expressed the hope that the patient's mental equilibrium would be restored by the operation. The husband was sent for, and readily consented to the plan, and the operation was done at the State Insane Asylum, in Topeka, July last. She was discharged from the asylum four weeks after the operation, and has remained entirely well ever since. The time is too short to record that the patient's mind has permanently recovered, but I am of the opinion that she will never have a recurrence of her mental trouble at any time. Her case is one of more than usual interest to neurologists.

CASE 5.—GENERAL PERITONITIS, PATIENT BED-RIDDEN FOR ONE YEAR, TWO OPERATIONS, RECOVERY.

In reporting this case I must vary from the program blocked out at the beginning of this paper, relative to the work of this present year, by saying that the first operation was performed in October, 1893.

Mrs. G., aged twenty-nine, married twelve years, mother of one child born ten years prior to her sickness. Always healthy until January, 1893, at which time she had a severe attack of la grippe, which left her in a very critical condition and confined to her bed, where she remained without getting up at all for about eight months. I saw the patient the first week in October, 1893, in consultation with Dr. Harvey, of Council Grove, Kansas. Her suffering was largely confined to her pelvic organs. She had been treated by her physician for inflammation of the pelvic organs and general peritonitis, but without relief. Her temperature had ranged from 100° to 104° F., and pulse 120 to 140, for months at a time. The night before I saw her, after hours of extreme suffering, there was a discharge of fluid per vaginum, of what she supposed to be at least one gallon in quantity, leading

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her to believe that she was pregnant, and that the amniotic fluid had escaped. Prior to this discharge of fluid the abdomen had been considerably distended, making her condition very obscure, and causing her physician to treat her expectantly. Mrs. G.'s suffering was so intense that the neighbors often heard her screaming at a long distance from the house. At the time of my visit she was quite free from pain, partly the result of morphia taken in large quantities the night before. There was general tympanitis, and the pelvic organs were so sensitive that it seemed cruel to complete the examination. The uterus and appendages were firmly fixed, and surrounded by plastic exudation. There was almost constant vesical tenesmus, and micturition caused extreme suffering. I unhesitatingly recommended prompt operative interference, with the view of removing the diseased adnexa, separating adhesions, etc. Mrs. G. was eager to have something done at once, but her weakened condition make the risk very great, and her husband was opposed to any attempt being made to remove her to a hospital for an operation. However, her physician insisted that an operation presented the only hope for her recovery, and after some preparation, she was placed on a cot-bed, taken to the depot in a spring wagon, then placed in a baggage-car and brought to Topeka, where she arrived October 16th. It has never been my misfortune to have seen such a corpse-like woman traveling on the cars seeking health. None but the bravest would attempt such a Herculean contract. After a few days of preparation, I performed a coeliotomy, with the following result: Every portion of the omentum lying next to the bladder was adherent to that organ, making it necessary to ligate and sever every fibre of that portion of the omentum; the appendages were buried out of reach and could not be outlined; there were many bands of adhesions which narrowed the lumen of the intestine; these adhesions were severed, and the bowel released so far as was possible under the circumstances; a Paquelin cautery was used quite freely to control oozing where ligation was not possible. The incision was closed without drainage. The patient improved rapidly, without any untoward symptoms. When she returned to her home seven weeks after the operation, she was able to walk to the carriage. Mrs. G. gained in flesh and strength and was soon able to do light house-work, go to parties, and enjoy herself generally.

In March, 1894, Mrs. G., one evening indulged in a hearty meal of boiled cabbage, etc., and a few hours afterwards was attacked with a hard chill, accompanied by severe pain in her bowels, followed by persistent vomiting, which continued unabated for several days. There was at no time complete obstruction of the bowel. Most of the symptoms pointed to appendicitis. During this time her temperature was often as high as 105° F., and pulse 140. Her physician had but little hope of her recovery. After remaining in bed about eight weeks she was again brought to my hospital, in order that she might receive careful nursing and judicious diet. My diagnosis of her condition was that she was suffering from peritonitis, due to an attack of appendicitis, and I recommended another operation as the only means of relief. During the four weeks of her stay in my hospital prior to the operation, which occurred June 12th, on almost every occasion when there was a bowel movement, the suffering was so great that we

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had to keep her alive by artificial stimulation, and the use of morphine in large doses. One of the peculiar conditions, the like of which I had never seen before, was, that the epigastric region would sink in toward the spine during these attacks, making an inundation that would permit a small cocoanut to be buried almost out of sight. Her temperature at these times would often be 104, and pulse 160. Mr. G. would not consent to a second operation until he had fully concluded that his wife was about to die. Dr. Harvey was summoned, and upon his urgent request, permission was given for a second operation; Dr. H., with several other physicians being present. It was found necessary to remove the entire large omentum, after breaking up the universal adhesions that were found. The caecum was firmly adherent, so also were several inches of the ascending colon. The uterus was found in normal position, firmly fixed, as it was at the time of the first operation with the appendages hidden by plastic exudation, and no attempt was made to disturb these organs, as it was found impossible to make even an opening through this exudate. There were no adhesions of the small intestines Thorough irrigation was used, and the abdomen closed without drainage. The patient sustained but slight shock. Twenty-four hours after the operation, Mrs. G. was convalescing, and her recovery from this on was uneventful. She returned to her home in five weeks, and has never suffered a pain from that day to this, so far as I know. A letter recently received from her states that she is entirely well, fleshy, and rosy-cheeked, and the happiest woman in Ohio, where she is now visiting. The appendix vermiformis was not found, but there is no doubt in my mind that there was perforation of this organ at the time of the attack in March.

The unusual features of this case are too numerous to again refer to, as the history proves. The conditions were grave from the start to the finish, and the operations were performed under the most trying circumstances, upon an apparently dying patient; the second operation requiring the removal of a large amount of tissue, and the separation of extensive adhesions, making the operation so grave that it was enough to turn one's hair white.

CASE 6.—RETROFLEXION AND FIXATION OF THE UTERUS; INTESTINAL COMPLICATIONS, LONG INVALIDISM, COELIOTOMY, RECOVERY.

Miss F., aged twenty-seven, by occupation teacher; came to me with the following history: Her menstruation has always been painful, and during the past few years often confined her in bed for one or two days. In June of this year Miss F. consulted a lady physician, who at once diagnosed her trouble to be stenosis of the cervical canal, and resorted to daily dilatation as a means of relief. This treatment was given at the doctor's office, and only required a few repetitions to set up an extensive peritonitis, which caused the patient to take her bed. Miss F. was not long in discovering that the treatment she was receiving would soon end her existence, and wisely—or perhaps, I might say unwisely, as the sequel will prove—changed physicians. She was immediately informed that the "treatment she had received was not at all indicated, and extremely dangerous in its character." To all of this I hereby give my hearty approval. The treat-

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ment recommended and carried out by this distinguished gentleman (?), was to daily attempt to replace a retroflexed and fixed uterus by means of a sound; at the same time the patient was suffering from peritonitis, as before stated. This treatment caused such unbearable suffering, that on two occasions she was anesthetized and treated as follows: The first operation consisted of complete dilatation of the cervix, and an attempt to replace the uterus by the sound, curettement of the endometrium, and packing the uterine cavity with gauze; he also dilated the urethra, and stretched the rectum for the purpose of curing some hemorrhoids. This treatment made the patient very ill, and her friends thought her recovery impossible. Ten days after this operation the doctor made his first examination, and found the uterus was again retroflexed and more firmly adherent than ever. She was again placed under anesthesia, and a second attempt made to replace the uterus by the use of the sound. How successful was this treatment I can not say. The patient, after some weeks of severe illness, resulting from the treatment received by both physicians, and only kept alive by the skill of a trained nurse, who watched over her night and day, was taken to her home from a hospital, still too ill to leave her bed. In spite of this condition, the doctor thought that he must treat that uterus by some process or other, and, in order to have a change in the program, his brilliant mind suggested electricity. Thus, the poor girl was tortured. first by one process, and then by another, until Dame Nature revolted, and her doctor, exhausting his last remedy, permitted her to have the much needed rest by discontinuing his treatment.

It only required a very short period of time for nature to come to the rescue, and enable the little lady to resume her avocation as a teacher. Under much suffering, often greatly prostrated by weakness, she continued her work for a few weeks, before applying to me for my opinion. I found upon examination, a firmly adherent retroflexed uterus, and a pelvis full of exudate. The abdomen would often be as much enlarged as is a woman at seven months pregnancy. My diagnosis was chronic salpingitis, peritonitis, and intestinal adhesions. I urged prompt operative interference as the only means of relief. As soon as matters could be arranged, Miss F. came to my hospital for an operation. A very short incision was first made, to enable me to pass two fingers into the pelvis for diagnostic purposes. The omentum was universally adherent to the abdominal and intestinal peritoneum. After severing the adhesions so as to enable to reach the pelvis, I was somewhat shocked to find that no uterus or appendages could be found. Lying on the rectum a small mass could be felt, which, of course, was the uterus. but so thoroughly veiled that its outline could not be deciphered; the same was true of the appendages; nothing could be made out as even resembling tubes and ovaries. I next addressed my attention to the caecum, as the history pointed to a lesion of this bowel. The caecum was so thoroughly adherent that it required much time and patience to deliver it so that it could be examined.

The injury done to the bowel was quite severe, making it necessary to suture a portion of it, and to control hemorrhage by the use of the Paquelin cautery. The consulting physician, not a specialist in diseases of women,

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but an eminent member of the profession, suggested that it was not possible to complete the operation. However, in view of the fact that the patient had not been shocked, my judgment dictated that I would be cowardly not to attempt to remove the cause of her suffering. After long-continued and almost super-human effort, I made an opening through the thick tenacious membrane which veiled the uterus and appendages, and as rapidly as possible, removed the right appendage, which was firmly adherent to the caecum, causing me to ligate the distal end. The proximal end of the tube was literally torn from the uterus, making ligation impossible; the hemorrhage was profuse and really alarming. (I desire to state in this connection, that I enlarged the incision up to the umbilicus soon after beginning the operation, thus affording ample room for the trying ordeal of the occasion.) As rapidly as possible, I severed the adhesions of the left appendage from the bowel and pelvic fascia. Although I succeeded in transfixing and ligating the broad ligament, as is customary, the ovary and tubes were removed in pieces. Both tubes were many times the normal size, indicating long and serious salpingitis. Pus was found in both tubes. Having succeeded in bringing the uterus forward to its normal position and freed of its appendages, I felt certain that my patient would recover without a bad symptom, provided I could control the hemorrhage. After the use of a very large quantity of hot water irrigation, I packed the pelvis tightly with sterilized iodoform gauze, closed the upper and lower angles of the incision, introduced some provisional sutures, applied a tight bandage over thick compresses, and placed the patient in bed, apparently without shock. Time of the operation, one hour and twenty minutes. The gauze was left in situ for forty-eight hours, when it was removed and a smaller quantity introduced. I then tied the sutures which had been introduced, nearly closing the incision, leaving only enough of opening to permit drainage. Miss F. seemed to convalesce from the hour she was placed in bed, as her pulse and temperature were never above normal. There was a bowel movement within twenty-four hours, without the use of laxatives. The patient's recovery is complete. I never had a more satisfactory result, even in the most uncomplicated cases.

I am impressed when considering the gravity of this case that one's life could not be better spent, if one were to give up all else, and disseminate to every land and clime, the fact that the world would be better and happier if every physician who is in the habit of resorting to the dirty sound, or uterine dilator, in the treatment of cases similar to the foregoing, was stricken by Divine Providence from the face of the earth.

Recently in reviewing her sufferings under the treatment received, Miss F. suggested that if in the days of the inquisition, when women were hung up by the thumbs and toes, and tortured in various sundry ways, had they been acquainted with this mode of torture, it would have taken the place of all others in its severity.

State Medical Examinations in West Virginia.—Hereafter all physicians desiring to practise in the State of West Virginia must pass an examination before the State Board of Health. The first examination will be held in Wheeling, West Virginia.

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Carcinoma Uteri.

By H. C. CROWELL, M. D., Kansas City, Mo.

READ BEFORE THE WESTERN ASSOCIATION OF OBSTETRICIANS AND GYNECOLOGISTS, OMAHA, NEBRASKA, DECEMBER 27TH, 1894.

IF this brief paper shall serve but one purpose, I hope it may be that of impressing physicians with the imminent necessity of examining at intervals of three to six months, every parous woman past 30 or 35 years, and indeed, I don't know as I should limit such examinations to parous women, since, in my own limited experience, I have had occasion to operate upon three who had never been pregnant. The only hope left these unfortunate women lies in a very early diagnosis.

We can not fall back upon our ability to perform successfully a vaginal hysterectomy to insure our patients immunity from the disease for the rest of their lives. We must each take every opportunity to enlighten our female patients approaching this critical period, upon the necessity of these frequent examinations. If every physician in the land will assume this task fearlessly he may be the means of saving many valuable lives by eradicating that much-dreaded disease, which, once well initiated, marches on to conquer in a most loathesome manner.

I think the experience of everyone will bear me out in the statement that often no symptom of the existence of the disease will be manifest short of a local examination; and, even then, we may observe only the merest suggestion of its presence; but, upon the *slightest* suggestion though it may be, we should not delay long with palliative measures before we subject sections of the cervix to thorough microscopical investigation. This means for diagnosis is always obtainable. Some months since, a case was sent to me for some bladder trouble, cancer of the uterus never having been suspected. In the course of the examination I observed a very small granular area in a fissure of the os uteri, which, upon being touched by a probe, bled easily. I immediately snipped a piece from the cervix. Microscopical examination demonstrated the presence of cancer. The patient presented none of the symptoms we are asked to note as evidence of cancer. She was 38 years of age. Had at no time suffered from hemorrhages, pain or discharges of any character, save a slight leucorrhea. This patient, I consider, was given a good lease on life by prompt hysterectomy. Again, we shall meet a class who early present subjective symptoms which should excite our suspicion. In those cases which, at the menopause, are having a stormy time with excessive and frequent discharges of blood; or those which, after the change, have a reappearance of a stain even, we have presumptive evidence sufficient to put us on our guard and suggest careful investigation.

I might cite a case which recently came under my observation: A lady of strong physique, 50 years of age, who had passed the menopause without trouble at 46, called upon me to prescribe for her as she had, the day

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before, noticed a stain. I refused to prescribe until I should make an examination to ascertain if any discernible cause existed. Not being prepared that day, she promised to return the next day, which she did. A simple digital examination induced a profuse hemorrhage and revealed the presence of an excavation of the cervix, easily admitting the end of the finger. The broad ligaments were very much infiltrated, fixing the uterus as in plaster of Paris.

Cases without number, of this character, emphasizing the necessity of vigilance. Cases not presenting evidence of cancer in the cervix, but manifesting symptoms pointing toward that disease, may, after scraping out the fundus uteri, give positive microscopical evidence; but it must not be assumed that unless the microscope demonstrates the cancer cell that it is not present, for scrapings are very unsatisfactory for such examinations. In these cases the subjective symptoms should be taken into consideration, and our acts governed thereby. Having satisfied ourselves of the presence of carcinoma uteri, cervical or corporeal, what shall be our treatment?

I think experience has proven that only surgical measures are to be entertained. Vaginal hysterectomy constitutes our hope and that of the unfortunate patient when we can remove the *whole* disease. Alongside vaginal hysterectomy some would place high amputation when the disease is supposed to be located in the cervix. I think, however, that time has or must shake our confidence in this procedure, since large numbers of cases which bid fair to be suitable for cervical amputation have, after total extirpation, demonstrated infiltrations above the usual line of amputation. In one early case occurring in my practice, where, if there are cases in which an amputation can reasonably be entertained, this was one; cancer cells were found well up in the uterus. I have personal acquaintance with other cases where amputations were done and promptly followed by recurrences. I should, therefore, counsel against cervical amputation for malignant disease.

By vaginal hysterectomy we approach a much safer condition of total elimination of the disease, and nowadays add but little to the dangers from the operation of amputation. With increasing experience the immediate mortality of hysterectomy has been reduced from 24 per cent to 5 or 10 per cent in the hands of competent operators. In an early case with a movable uterus, one which may be drawn down, the operation is not difficult or tedious.

There are many variations in technique as suits each individual operator. Some prefer clamps, others ligatures. In my own hands, and I think my experience corresponds with that of others, there is no difference so far as mortality is concerned, between ligature or clamp. That the ligature is more surgical I am prepared to admit; but it possesses the element of requiring more time to complete the operation, and also more skill and dexterity on the part of the operator. By the clamp method, either with one large clamp on a side, including the entire broad ligament, or numerous smaller ones applied as the uterus is progressively removed, a uterus reasonably favorable for such procedure can be removed in from 10 to 20 minutes,

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while the same case operated upon by the ligature method would likely consume from one to one and a half hours.

The only case of vaginal hysterectomy I have ever lost was a very fat woman on whom I employed ligatures. There was the most pronounced prolapse of intestines I have ever seen. As a result a knuckle of gut adhered to the edge of the wound, which was probably not sufficiently inverted into the vagina, and an ileus ensued. Thorough laparotomy was subsequently done; the patient died in about ten days. I had one case of hemorrhage after removing the clamps, but reapplying them and packing with gauze averted any bad end. In one case I was able to remove the uterus without haste in nine minutes; patient was dressed and returned to bed in nineteen minutes. Cases which have never had children render vaginal hysterectomy very difficult, as I can attest, in three cases. I am of the opinion that such cases can be more satisfactorily and speedily done through the abdomen. I have also demonstrated to my satisfaction that in well advanced cases we may more completely remove the diseased tissues outside the uterus, by the abdominal route, with the patient in the Trendelenburg position. Such cases should, however, be prepared for the operation a day or two previous to opening the abdomen by thoroughly curetting and cauterizing the cancerous cervix and packing with gauze. By the abdominal route we can more readily see what we are doing, and more room is afforded for manipulation. The same steps, in so far as the uterine attachments are concerned, are gone through with by this method as per vaginam. Indeed, I think the time, in this class of cases, would be much shortened, and by a proper observation of necessary technique, just as safely.

I am disposed to think that in well advanced cases, a longer aggregate of years, in one hundred cases, would be secured by a thorough curetting, followed by the thorough use of the cautery and gauze packing or drainage, than by resorting to hysterectomy.

No reference has been made in this paper, thus far, to the medical treatment of cancer, since in the author's experience little has seemed to avail from such efforts. However, I must concede that my opportunity for extended observation has been limited and, therefore, my opinion would be worth little. I deem it proper to refer to the opinion of Dr. Wight, of Brooklyn, who seems to have met with some success in modifying, to say the least, the course of carcinoma when not admitting of removal by the knife. He makes use of bromide of arsenic in 1-40 gr. doses with some encouragement, as cases reported indicate by a lessening of the degenerated cancerous surface, by peripheral healing, with apparent prolongation of life, though no absolute cures are established.

The treatment of carcinoma with the toxines of erysipelas and the bacillus prodigiosus has met favor in the hands of some, while with others the results have been negative. While these agents should be borne in mind, we believe our hope and aim should be to arrive at an early diagnosis before the disease shall have invaded the vaginal cul-de-sac or broad ligaments.

9th and Locust Streets.

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Ectopic Pregnancy—Extra Tubal.

By C. LESTER HALL, M. D., Kansas City, Mo.

READ BEFORE THE WESTERN ASSOCIATION OF OBSTETRICIANS AND GYNECOLOGISTS, OMAHA, NEBRASKA, DECEMBER 27TH, 1894.

A FAIR discussion of any one of the pathological conditions known and called ectopic gestation, demands more than a passing notice of them all. The generic term is a synonym for the abnormal, a deviation from nature, and a tendency to evil results. To a perfect organism it is deemed impossible, and yet it has happened in cases where it is impossible to trace an exciting, pre-disposing cause. In these, the autogenetic cannot be excluded.

To the materialist, he who must trace an inward effect from an outward cause, this statement will be challenged as heterodox, but to the broader and more comprehensive view, it has a place in etiology. Along with this constitutional immunity must be recognized auto-infection, waywardness of nature, and the unexpected. A perfect tenement of the soul would bid defiance to all causes of its destruction from without or within, and decadence would be impossible, and we would live on forever. Such evidently was not designed in our architecture, and the structure of our bodies has been left weak in place and imperfect in form. This inherent vulnerability ever makes us a prey to the destroyer, and natural processes are perverted.

It must be admitted at the outset that nature's design is that the ovum should be fecundated and find lodgment within the uterine body, where the anatomical arrangements and physiological processes will best subserve the interests and well being of both mother and offspring. Reviewing the construction of the female generative organs, how the grafian follicle breaks away from its moorings and starts on its migratory journey to meet its affinity, depending upon the fimbriæ and ciliated epithelium for its safe arrival at its destination, is it not surprising that it is not more frequently lost to its natural course, and it is unreasonable to suppose that its fecundating mate, weary at its long delay, starts in search for that upon which depends its future existence? Failing to meet the object of its mission in the avenue of its natural travel, "nothing daunted" it presses onward to greater depths until it overtakes the maternal germ. Granting that "the normal function of the ciliated epithelium is to carry all the tube contents toward the uterus," it must be granted that it often fails of its mission in cases where no trace of destruction of the cilia is discoverable, where there exists no history of pre-existing tubal disease. In the primiparous woman—in the healthy woman, with previous pregnancies normal. No class or station in life is exempt from this accident.

The experiments of Dode in which he injected an emulsion of charcoal into the abdomen of a rabbit, and after several hours found the tubes filled with particles of charcoal, and his further experiment of injecting the ova

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ascaris lumbri-coides suis into the abdominal cavity, and in twelve hours found large numbers of tnese ova in the tubes, does not establish the theory of Tait, as to ectopic pregnancy being the result of former tubal trouble with the destruction of the ciliated epithelium, they only prove nature's way, which is not constant or invariable. If these experiments of Dode were not conclusive, there would be no such thing as ovarian, tubo-ovarian, tubal and abdominal pregnancy, or tubal abortion in women with healthy reproductive organs. Dode claims that an ovum which had escaped into the abdominal cavity would be taken up by the tube and carried into the uterus.

Whatever may be the consensus of professional opinion in reference to Tait's theory as to the etiology of ectopic pregnancy, it must be conceded that the majority of these cases are primarily tubal, and become intra-ligamentous and abdominal by rupture secondarily.

Accepting Tait's theory, it is difficult to reconcile the apparent inconsistency that many cases which are claimed as primarily abdominal, are in reality the result of tubal abortion, for it should, in a spirit of fairness, be admitted that a condition of the tube which would permit the escape of the fecundated ovum would also favor the escape primarily of the fecundating material.

The escape of this fecundating material may be brought in contact with the mother germ, just as it emerges from the tubal ostium, and constitutes what may be called fimbriated pregnancy, and not necessarily tubo-ovarian, and yet it may never break away from its attachments, but form additional attachments to the abdominal parieties, and be walled off from the general abdominal cavity.

The skepticism expressed by Lusk, Beale and others of the existence of primary abdominal and extra-tubal pregnancy, where the tubes are intact, and not in communication with the sac, make this question a debatable one.

The varied symptomatology of ectopic gestation, makes a diagnosis difficult and frequently impossible. It can be truthfully said that there are no pathognomonic signs of ectopic pregnancy.

The differential diagnosis between ectopic pregnancy and oöphöritis is often perplexing. Both conditions cause pain; both are accompanied with hemorrhage of uncertain duration and irregular return. The differential diagnostic sign as pointed out by Vertsinski, Thomas and Lebedoff, which they claim as characteristic, viz.: The varying size of the tumor in inflammatory conditions of the tubes and ovaries, "the tumor sometimes as large as an orange, and in only a few days can hardly be defined." This periodical variation in size is closely connected with menstruation and ovation. The same condition has observed in a case of ectopic pregnancy. While the expulsion of the decidual membrane is considered a valuable symptom, Lusk says that it is not a constant occurrence.

The American Text-Book of Gynecology divides the diagnosis of ectopic gestation into two periods:

First, prior to tubal rupture or abortion.

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Second, subsequent to tubal rupture or abortion, but claims that "mistakes in diagnosing ectopic gestation are bound to occur, even with the most careful, from the fact that the condition is sometimes found at operation, when not a period has been missed, and not a symptom of pregnancy has been presented."

Irvine S. Haynes, in a recent article on the diagnosis and treatment of tubal pregnancy, says: "All writers are unanimous in stating that the diagnosis is comparatively easy after rupture has occurred, and they are just as fully agreed that the diagnosis is difficult and uncertain previous to this undesired result." He asks the question, "Can tubal pregnancy be diagnosed previous to rupture? If it can, what are the pathognomonic signs?"

In tubal or tubo-ovarian pregnancy rupture occurs between the third or twelfth week, and more frequently near the eighth week, at which time the tubal ostium is closed by the resulting congestion.

Dr. Andrew F. Currier says: "The mere presence of a tubal tumor, even if it contains blood, is not, in my opinion, evidence of gestation."

Smith says: "A positive diagnosis cannot be made within the first eight weeks without an exploratory incision."

Haynes says: "Absolute demonstration is possible only by an exploratory coeliotomy."

As to the treatment of these cases, two methods have been adopted, viz: Electricity in the earlier months of gestation, and surgical treatment. It has been advocated by those who favor the electrical plan, to resort to the treatment before the fourth month. The success attained by McGinnis and Brothers and many others, demands recognition and consideration. Brothers reports 78 cases with one death. Surgical interference certainly offers the best hopes for the patient.

When we remember that in ectopic pregnancy rupture may take place prior to three weeks, (and if it be tubal, always before the eighth week) the arguments of those who advocate the use of electricity fall to the ground. Added to this is the statement by competent observers, that "it is often impossible to make a correct diagnosis," and they advise exploratory incision. It must be evident that anything short of surgical interference must be tentative and uncertain.

Werth says that "ectopic pregnancy is always to be regarded as a malignant growth, and should be treated as such."

The foregoing has been considered by the writer as a necessary preliminary to the report of a case herewith presented. History furnished by her husband:

Mrs. H., wife of a worthy and reputable physician of Kansas City, gave birth to her first child in 1888. Sub-involution with hemorrhage on the third week, and anemic neuralgia—complete recovery, after which menstruation was regular, and good health. Had a miscarriage in 1890, with considerable hemorrhage--recovery, subsequent menstruation regular except a few days variation at each period. From January to May, 1894, suffered with uterine prolapse. Had painful menstruation about May 3rd. Next period in June was painful and she had to go to bed. Uterus swollen

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and soft, with leucorrheal discharges and slightly stained with blood. June 6th Dr. M. curetted the uterus and brought away some fungoid granulations, which were not submitted to microscopic examination. Uterine cavity about 4½ inches deep.

Considerable tenderness over the region of the uterus followed with pains simulating uterine contractions. Also pain and sensitiveness over the region of the left ovary. Temperature 99° to 101°. Hot douches daily, constipation and vomiting from June 1st till August 1st. At this time I was called to take charge of the case in the absence of Dr. M., who did the curetting, consequently an imperfect history was obtained.

I found the uterus 4½ inches deep, somewhat fixed, induration around the uterus, but no well defined mass. Under local treatment, rest and nutritive and sustaining treatment, patient made decided and progressive improvement, and in ten days the uterine cavity measured 3 inches.

I should have said that there had not been, at any time, mammary enlargement, shock or other symptom of rupture. The question of extra-uterine pregnancy was discussed and laid aside. August 10th she had an attack of apparent pelvic peritonitis with gaseous distension of the abdomen, which subsided in 24 hours.

In my absence from the city, Dr. Robert T. Sloan attended the patient for two weeks, in which time she did badly. On my return a consultation of the following physicians was called: Drs. Sloan, Massie, Halley and myself. We found the patient in a deplorable condition. Uterus was fixed, enlarged and retroverted, with a mass in front of and to either side of the uterine body. Temperature ranging from 99° to 102°, pulse 90 to 100, bowels constipated as a result of the inflammatory exudation in the pelvis and immediately in front of the sigmoid flexure of colon and rectum.

The question of the possibility of an ectopic gestation was again discussed and its existence agreed upon and operative interference advised as soon as the patient's condition would permit, she being very anemic.

From this time, August 23, there was such progressive improvement that Dr. Sloan and myself recanted in our opinion as to extra-uterine pregnancy. The masses gradually disappeared, fever subsided, pulse became normal and appetite restored, patient cheerful, and we had begun to felicitate ourselves upon the prospective early recovery of our patient; but about September 30th she had a sharp attack of pelvic inflammation with marked increase of mass to the left and behind the uterus. On October 2nd Dr. Crowell was called in consultation with Dr. Sloan and myself, and agreed with us as to the advisability of an operation.

Operation was decided upon, and on October 4th, with the assistance of Drs. Sloan, Massie and Crowell, we proceeded with every anti and aseptic precaution, by first puncturing the abscess in Douglass' cul-de-sac, and emptying about two ounces of fetid pus. As this did not effect in the slightest degree, the mass to the left of the uterus, Dr. Crowell, at my request, made an incision into it, superior to and parallel with Poupart's ligament and rapidly removed the contents of a gestation sac, consisting of bones, placenta, disintegrated tissue and offensive material. This sac was attached to the abdominal wall in the inguinal region and was, practically, extra-peritoneal.

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The patient rallied well from the operation; a fecal fistula was developed, but gave no special trouble and was practically healed with only a narrow sinus remaining. Indications pointed to the recovery of the patient, when on the 11th of October septic pneumonia developed and she died on the 14th of October.

Some perplexities arose in the diagnosis and treatment of this case, which were insurmountable and to be regretted.

1st. Owing to the fact that the product of the curettage was not examined microscopically, whereby decidual membrane might have been detected and a positive diagnosis made.

2nd. The varying size of the masses which occurred several times during the progress of the case.

3rd. Marked reduction of size and tension of these masses took place at a time when she had uterine hemorrhagic discharges, which is so characteristic of inflammatory tubal diseases.

4th. The final extreme condition which demanded surgical interference, resulted evidently in infection of the posterior mass from the rectum, and while no communication could be discovered between this pus cavity and the gestation sac, yet the proximity of these two cavities was such that infection must have occurred from the one to the other.

5th. Despite the extreme prostration of our patient, we were justified in the hope that she would recover until the septic pneumonia supervened. Wounds never did better or cavities granulate and contract more rapidly.

Autopsy showed that the gestation sac was attached to the fimbriated extremity of the tube simply, and not tubo-ovarian, with no evidence of tubal rupture. In the absence of signs of distortion of the tubal ostium, we were forced to conclude that this case was one of primary extra-tubal pregnancy.

An Interesting Case of Hereditary Syphilis.

By C. TRAVIS DRENNEN, M. D., Hot Springs, Ark.

On November 22d, 1894, Mrs. W., of Birmingham, Ala., called at my office, in company with her two children, for diagnosis and treatment.

The elder of the children was supposed to be suffering with tuberculosis affecting the bones and skin. Drs. Bransford Lewis, of St. Louis, W. F. Barclay, of Pittsburg, and Charles Drennen, of Birmingham, who happened to be here attending the M. V. M. A. meeting, were called in consultation.

The family history on both sides was not good; consumption destroyed uncles and aunts of the father and mother. The father is not a strong man but rather the opposite; the mother has always had fair health, but gives history of having had several abortions, the two children with her being all that she now has living. The boy, a bright, nervous, cachetic little fellow ten years old, was the sufferer. Upon examination was found an ulcer over

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a bony enlargement about the middle of the right tibia, about the size of a silver dollar. It had been there for more than five months; sometimes better, sometimes worse, never having healed entirely during that period, although treatment was being carried on by the advice of the family physician. The left tibia, both radii at their articulations with the bones of the wrists, and the humerus at the elbow, articulations of the right arm, showed the bony enlargement which was painful upon firm pressure.

The humerus showed signs of having been operated on; there was a copper-colored scar two inches in length and a sero-sanguineous discharge coming from an opening about an inch from the old scar. The mother stated that the arm had been operated on twice, the bone having been "scraped" each time. The wound seemed to have but reappeared three to six months thereafter.

Many weeks prior to visiting the Springs the boy had had sudden rises in temperature, ranging from 102° to 104° Fahrenheit, at irregular intervals. The boy had irregular and notched teeth, rheumatic pains, especially at night, and a history of "snuffles" when a baby. Our diagnosis was hereditary syphilis. Patient was put on thirteen drops of mercauro three times a day after meals, and was given an ointment of europhen, opium and calomel with vaseline, and was ordered to apply it to the ulcer morning and evening. Bathing directions were given and the mother instructed to return on the day thereafter. After one week the ulcer showed signs of improvement, and at the expiration of three weeks it had entirely healed, and all the bony enlargements showed signs of improvement. Four weeks later, making in all seven weeks, the bony enlargements had disappeared to less than one-half their original size, and the boy was allowed to return home, much improved in every way, with instructions to continue the medicine and keep us posted as to the progress of the cure. In February, 1895, he was still improving and his mother says that he is in better health than he has been for several years.

Two things I would impress on the reader of this article; first, the all-importance of making a correct diagnosis. This mother had been told that her boy had tuberculosis and that he would never get well—neither of which has turned out to be true, for the boy is now well—at least his mother thinks so—and the boy is a walking denial of the former diagnosis. The second thing is this: Not a single grain of the iodide was used in this case; neither was mercury used by way of inunction. I am sure that we would all get better results if we would stick more closely to the "tonic" plan of treatment of syphilis, and learn to treat our "patients" and keep their general health in the very best condition possible. Iron, arsenic and gold I could not get along without in my treatment of syphilis.

An Armed Truce.—The editor of the *Weekly Medical Review* says: "The dogs of medical war which has been raging for so many months on the St. Louis battle field, have been chained for the present, so far as this journal is concerned. We had a number of stunning articles in petto. But for ulterior reasons of higher medical politics, we have shelved them and shall keep them in reserve for use whenever time and circumstances may call for them."

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DEPARTMENTS

LARYNGOLOGY AND OTOLOGY.

IN CHARGE OF WILBUR W. BULETTE, M. D., PUEBLO, COL.

Laryngologist and Otologist to Pueblo Hospital; to Pueblo Children's Home; Laryngologist to Colorado State Insane Asylum; Member American Medical Association; Colorodo State Medical Society; Pueblo County Medical Society; Honorary Member Philadelphia County and Northern Medical Societies, Philadelphia, etc.

Aristol in the Treatment of Chronic Otorrhea.—Krebs (*The Medical Week*, November 19, 1894) says that aristol is a substance which is destined to be of great service in chronic purulent otitis, especially in certain forms of this affection, seeing that out of 31 cases of otorrhea treated with aristol alone he obtained complete recovery in 22. Aristol is not, properly speaking, an antiseptic, inasmuch as it is incapable of deodorizing a fetid discharge from the ear; but on the other hand, it exerts quite a powerful desiccating action under the influence of which the suppuration and secretion of mucus rapidly dry up, while the granulations grow pale and subside. Its employment in chronic otorrhea is subject to special indications and contra-indications.

It is indicated always in cases of serous discharge, which so frequently persists for a long time after the purulent otorrhea has ceased. In such cases aristol is far superior to all other remedies. Aristol is also suited to chronic otorrhea without complications, in which the perforation of the tympanic membrane is of large size. Under such conditions it is fully as powerful as boracic acid, and somes it is even found to be efficacious where the latter has failed. It may also be advantageously employed for the treatment of granulations of the tympanum and auditory canal, when they are not too voluminous and are not due to caries of the bone. Aristol is contra-indicated when the perforation of the membrane is very small and situated near the wall of the tympanum; when caries exists or the mastoid is involved; and lastly, in fetid otorrhea.

Laryngectomy by a Novel Method. – Swain (*New York Med. Jour.*, October 13, 1894) reports a case of laryngectomy done by Dr. Carmalt, assisted by Dr. Hawkes and himself; a preliminary tracheotomy was done thirteen days previous to the removal of the larynx. An incision was made from the tracheotomy wound to the sternum, and the third and fourth tracheal rings having been divided, a sponge canula was inserted and moistened with water; thus the trachea was occluded. The incision was then prolonged up to the hyoid bone, and a cross-cut made to the sterno-cleino-muscle on each side. The larynx was bathed and bleeding points secured. A director was carefully passed between the trachea and esophagus, and the larynx separated from the trachea by cutting with a bistoury and dis-

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sected loose from below upward. When the arytenoid cartilages were reached the direction of the incision was changed and directed towards the base of the epiglottis, including in its path the mucous membrane covering the arytenoids and portions of the ary-epiglottic folds. The long corner of the thyroid cartilage was cut across. The epiglottis was finally cut across just through the tuberculum and the larynx soon freed from its attachments. The epiglottis was then stitched to the posterior border of the opening, which had previously been the rima glottidis, and closed the ring completely, thus bringing the epiglottis in contact with the arytenoid mucous membrane, converting the ring into a linear wound running from side to side, a perfect anterior wall was thus made for the esophagus. The patient made a perfect recovery, and could whistle and utter short sentences capable of being heard several feet away.

Tubercle Bacilli in the Nasal Cavities of Healthy Men.—Strauss (*Bull. de Acad. de Med.*) describes some experiments made on patients and pupils connected with the Hospitals of La Charite and Laennec, with a view of proving that tubercle bacilli may lodge in the nasal cavities of persons presenting no suspicion of tuberculosis and yet retain their virulence. Tampons of sterilized cotton wool were introduced into the nasal cavities of six healthy nurses living in the hospital, of seven healthy pupils making daily visits, and of three inmates suffering from chronic non-tuberculous affections, and afterwards shaken up in sterilized boullion or water. This liquid was then injected into the peritoneal cavities of twenty-nine guinea-pigs. In seven cases the animals died of septicemia or purulent peritonitis; in thirteen cases they remained apparently well and no definite lesion was discovered post-mortem; in nine cases they died, or being killed at the end of three to five weeks, presented decided tuberculous lesions. Apparently, therefore, tubercle bacilli may enter the system through the nose, may, while remaining in the nasal cavities, fail to infect the individual, and yet may retain sufficient virulence to prove infectious when inoculated into guinea-pigs. His observations also throw some light on the fact that the subjects of repeated epistaxis not infrequently become tuberculous.

To Examine the Larynx and to Remove Laryngeal Growths in Young, Nervous, and Unmanageable Children.—Spicer (*British Med. Jour.* November, 1769-1770) recommends the preliminary cautious use of a 10 per cent solution of cocain, followed by the inhalation of chloroform to maintain moderate general anesthesia. An assistant holds the child in the usual position for laryngoscopy, while another stands behind the patient and keeps the head erect and square to the operator; a third assistant stands behind and to the right, holding the mouth-gag; while a fourth holds the tongue cut with forceps. In the removal of neoplasms sittings may be repeated at intervals of one or two weeks.

A Case of Sarcoma of the Palate Successfully Treated with the Toxins of Erysipelas.—Johnson (*Medical Record*, November 17, 1894) gives the

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following interesting account of a case which came under his professional care. A male, aged sixteen, with no history of any hereditary taint or acquired syphilis, had always suffered from catarrhal trouble and hypertrophy of the tonsils, and generally during the winter had more or less frequent attacks of acute tonsilitis. A tumor of the palate was allowed to reach a considerable size before any medical opinion was sought. On examination, a diseased area was disclosed which extended over the entire soft palate, pillar of the fauces, region of the tonsils, forward over the hard palate to within one-half inch of the incisor teeth, backward and downward, involving a portion of the pharyngeal wall, base of the tongue, affecting the epiglottis, and invading the upper part of the larynx, but not extending to the true vocal chords. The infected parts were thoroughly impregnated with sarcomatous (microscopically found to be of the spindle-celled variety) deposit, the soft palate was increased to about three times its normal thickness, the new tissue consisted of cauliflower-like granulations varying in size from a rice kernel to a good-sized pea; some of the masses which made up the growth were undergoing an apparently superficial ulceration and discharging a purulent secretion; others contained distended and tortuous vessels which gave them the dusky hue frequently observed in sarcomatous diseases; the uvula seemed to have been destroyed. There were several of the cervical glands involved; the largest one, however, was only about the size of a filbert. The injections of the toxins of erysipelas were commenced daily with fifteen minims. The amount was increased each day until it had reached sixty minims. The bacillus prodigiosus toxins were used in doses of five minims in combination after the dose had reached thirty-five minims. The injections were sometimes given in the arm and sometimes in the leg, and generally caused redness, swelling, and pain almost immediately after they were given; these symptoms were always present and persisted from twelve to thirty-six hours. The temperature varied. It was elevated after each injection, to a greater or lesser degree, from 99° to 103° F. The patient always felt cold, and after some of the injections had chills, some of which were much more severe than others, and were accompanied by nausea, vomiting, and pain in the back of the head and neck. When the chills or feeling of coldness have passed away a profuse perspiration would follow, and the condition of the patient would become much more comfortable. Treatment was continued from October 31, 1893 to June, 1894, the untoward effects noted during that time being the chills, a severe herpetic eruption on the nose and lips, a sense at times, of soreness of the body, and a peculiar variety of keratitis of a very severe type, the entire cornea being opaque. The result of the treatment was a constant, steady, but slow, improvement in his condition, the sarcomatous material gradually disappearing, and at the time of writing, nearly one year after the injections were commenced, the patient is in an excellent physical condition, only one or two spots of ulceration remaining, his weight having increased from eighty-six pounds to one hundred and seven. The uvula and a small portion of the epiglottis were destroyed by ulceration, cicatrization and contraction have taken place, and white bands of adhesion extend from the hard palate to all parts of the fauces.

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PEDIATRICS.

IN CHARGE OF HUBERT WORK, M. D., PUEBLO, COL.

President of the Colorado State Medical Society; Ex-Member Colorado State Board of Medical Examiners Physician in Chief to the Pueblo Children's Home, and to the Children's Department Pueblo Hospital.

Infection of the Umbilical Ring has been treated most successfully by dropping into the folds of the umbilicus, a solution of hydrogen dioxid. Usually one application has been sufficient, although a second may be used if the symptoms do not subside. No other antiseptic has proved itself so useful in quickly checking septic inflammation in this region.—*Davis in Philadelphia Polyclinic.*

Ice Creams and Bacteria.—Dr. Klein has been examining bacteriologically, the ice creams sold in the public streets, and the water used for washing the glasses in which they were served. In all, six samples were examined, and in each sample such an abundance of pathogenic and other germs were found, that it led Dr. Klein to assert that they were not inferior to ordinary sewage. Many of the forms identified bore striking resemblance to those diagnostic of typhoid—if, indeed, they were not identical. In view of these facts, the importance of careful legislative control over food provision cannot be overestimated.—*Med. Rec.*

The International Congress for the Treatment and Protection of Infancy will be held next year in Florence, and the organizing committee there are already receiving intimations from the physicians and surgeons of other nationalities signifying their intention to take part in the proceedings. Austria will be strongly represented, and communications are announced from her delegates on Children's Hospitals, Deaf Mutes, Blind and Idiot Children, Hospitals and Asylums for the Scrofulous and Rachitic, Correctional Establishments, Foundling Hospitals, Kindergarten and Orphanages. The Vienna committee from which these contributions emanate includes the well-known names of Professor Wiederhofer, Count Falkenhayn, Baron Springer, Geheimrath, Dr. Kusy, Councillor Theimer, Dr. Gnadinger, and Professor Monti.—*Med. Rec.*

Numerous slight ailments are directly traceable to a weakened condition of the digestive organs and an improper assimilation—the result is imperfect nutrition, whether due to an excessive ingestion of non-assimilable food or a diminished and vitiated condition of the natural digestive secretion. Especially do we see this enfeebled digestion in certain forms of fever, whether of the sthenic or asthenic type, in neuroses, anemia, general debility, and the diarrhea of infants. In all these cases Zumo-Anana (Pine-Apple Digestive Wine) meets the full requirements. It at once carries on

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the process of digestion, giving tone and vigor to the weakened peptic glands and restoring their natural activity, whereby the proper food elements can be taken up by the absorbents and incorporated into the living tissue.

Typhoid Fever in Infants.—Love: (*Jour. Am. Med. Assoc.*)

1. Typhoid fever occurs more frequently in children than is generally supposed.

2. The fact that ulceration and hemorrhage is much less frequent would explain the absence of pronounced abdominal symptoms.

3. The erratic, undeveloped and hyper-sensitive nerve centers in early child life explain why the toxic secretions of the Eberth bacillus should make cerebral symptoms very pronounced.

4. Given a child of any age with or without intestinal disturbance, with a continued elevated temperature, with or without marked evidence of cerebral disturbance, the possibility of the presence of the Eberth bacillus of typhoid fever should be constantly kept in mind.

The Influence of the Schools in Disseminating Infection.—Dr. Moreau Morris (*Archives Pediatrics*) says that parents and guardians, with few exceptions, are willing to carry out the suggestions of the family physician regarding the best way of preventing the spread of the infectious diseases. In the schools personal contact was unavoidable, and the susceptibility of children in general made it difficult to prevent the spread of such diseases. There were many ways of carrying contagion which would escape the notice of the casual observer. Thus, the school books were usually covered with muslin or cloth, often from houses in which there had been infectious diseases. The indiscriminate use of slates and of lead pencils was another means of spreading disease, and the common practice of washing the slates with saliva was exceedingly liable to cause the dissemination of diphtheria. In the higher grades of the schools it was now the custom to furnish the scholars with paper pads and lead pencils, but unless each scholar had his own pencil, the same danger still existed. Books should never be covered with any textile fabric, but instead with stiff glazed paper. The outer garments of the children should be placed in suitable closets outside of the class rooms, and should be disinfected while there. The children should be compelled to come to school with clean faces and clothes. A mild attack of scarlet fever or measles was popularly supposed to be non-contagious, and for this reason many children so affected were allowed to return to school while capable of spreading the disease. The teachers deserved much credit for their watchfulness and promptness in detecting children just developing infectious diseases. Any child found to be suffering from a sore throat should be sent home immediately, and not be allowed to return to the school until entirely well. All the children attending the public schools were required to present vaccination certificates, or to be vaccinated if this has not been done for seven years, but such vaccinations could not be performed by the Board of Health physicians without the consent of the parents or guardians of the children.

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THE MEDICAL HERALD

A PRACTICAL MONTHLY JOURNAL OF THE MEDICAL SCIENCES.

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EDITORIAL

TREATMENT OF EPITHELIOMATA.

Professor John A. Wyeth, M. D., in a clinical lecture delivered at the New York Polyclinic and published in the *International Journal of Surgery* for May, speaks of the benefit he had derived from the use of arseneous acid, (we presume he means the oxide,) in the treatment of superficial epithelioma. He says: "If I had a superficial epithelioma develop anywhere on my body where I could use Marsden's paste, I would prefer that method of treatment to the knife. In cases where the disease has existed for so long a period that the paste alone can not be relied upon, I would prefer to have the malignant process first cut or scraped away, and then have the paste applied. In this way we get more satisfactory results than by any other treatment I know of.

The formula for Marsden's paste, which I have given a number of times, is as follows:

℞ Acid arsenious.....2 drams
Pulv. gum Arabic.....1 dram
Cocaine muriate.....18 grains

This powder should be made into a paste by adding water, when it is to be used; and "the paste should be of the consistency of rich cream, and applied to the wound on a small piece of cloth, and left on from eighteen to thirty-six hours. This can be repeated as often as necessary. The above is the formula for the stronger paste. In the weaker, only one dram of arsenious acid is used, and twelve grains of cocaine."

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DEDICATION AT COLUMBIA.

The Academic Hall and the New Department Buildings of the University of Missouri will be dedicated with appropriate ceremonies, and the Commencement Exercises will take place on the 2nd, 3rd, 4th, 5th and 6th days of June at Columbia, Mo. We thankfully acknowledge the compliment conveyed in the invitation to attend the exercises.

PROF. MORIZ KOHN KAPOSI,

the subject of our cover-portrait, was born at Kaposvar, in Hungary, October 23, 1837. He studied medicine at the University of Vienna, where he received his degree of M. D. in 1871. He was a pupil of Hebra as a student as well as after his graduation. In 1875 he became Professor of Dermatology at Vienna, and in 1879, Director of the Department of Skin Diseases. His first notable work was on "Syphilitic Manifestations of Mouth, Nose, Pharynx and Larynx," which appeared in 1866. In 1872, in conjunction with Hebra, he published a "Text-Book of Skin Diseases. Among his principle works are "Syphilis of the Skin and Contiguous Mucous Membranes," which appeared in parts, periodically; "Lectures on the Pathology and Treatment of Skin Diseases;" "Handbook of Syphilis," and on "Xeroderma Pigmentosum Mihi." He has at all times been a liberal contributor to journals, on dermatological subjects.

WESTERN ASSOCIATION OF OBSTETRICIANS AND GYNECOLOGISTS.

Elsewhere in this issue we present a report of the meeting of this flourishing society, and a number of the papers presented by its members. THE MEDICAL HERALD has been selected as the official journal of the association, and the proceedings will appear regularly hereafter in this magazine. We congratulate the society upon its disposition of the matter of publication. Instead of having its minutes and valuable papers buried in a volume of transactions, which no one but members ever receive, this society has adopted the more modern plan of having a live medical journal bring its work to the notice of the profession at large, and thus perpetuate the good accomplished along the lines of progress, at its meetings. We are proud of this association, as a western creation, and hope its members will feel free to communicate to our pages, outside of the regular society proceedings, and thus keep up intercourse one with another between the annual meetings. In the near future it is the intention of THE HERALD to present some fine engravings of the officers and executive committee of this growing society.

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CASTRATION IN ENLARGED PROSTATE.

The sufferings which sometimes arise from an enlarged prostate are such as to call for surgical relief. A catheter life is distressing in the extreme, and the sufferer is oftentimes disposed to submit to any measure that promises relief. About four years ago we published an article from *Wood's Medical and Surgical Monographs*, written by Reginald Harrison, of London, England, detailing an operation which, in his hands, had proved of great benefit.

Of late, a new operation has been proposed; that of castration. It was suggested by Dr. J. W. White, of Philadelphia, in 1893, in a paper read before the American Surgical Association, and has since been practiced by him with favorable results. The hope of success from the operation finds encouragement from the effects of castration on some of the lower animals and from the state of the prostate in eunuchs among men, and also from the effect which retained testes seem to have on the gland.

As the removal of the testes in animals is followed by a diminution in the size of the gland, the hope seems reasonable that a like effect will follow their removal in men. Facts already ascertained show that the gland belongs, at least, to the reproductive or sexual system. It certainly must be a necessary organ in that system, otherwise it would not be present and sustain a connection with the more important organs of the sexual system. Castration has been followed by a diminution of the gland, and a consequent disappearance of the more prominent effects which the enlargement produces, and some remarkable cases have been reported; nevertheless, cautions and protests have been uttered as warnings against its indiscriminate employment. A few cases have been disappointing; and though this should occasion no surprise, since such is the character of the remedy that there will be hesitation in resorting to so radical a measure.

Painful and difficult micturition and retention of urine are two prominent evils attending prostatic enlargement; but the enlargement of the gland is not always the cause of these symptoms. They may occur, even in the aged, without enlargement, and from a cause having no connection with the abnormal condition of the prostate. In cases of *la grippe* retention has occurred from muscular spasm, of mild or severe character, in which cases the catheter is passed early or with so much resistance as to occasion hemorrhage by its introduction. But such cases are of short duration. Only the severe and chronic form can justify a resort to castration; and the sufferer will submit to any measure that promises permanent relief.

A very considerate article may be found in the *New York Medical Journal* of May 11th, from the pen of Samuel Alexander, M. D., of Bellevue;

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the following is an extract from an editorial in the *International Journal of Surgery*, of April:

Prostatectomy, perineal or supra-pubic, is an operation the dangers of which are well known. If we add to this the fact that we are compelled to operate in men whose age, whose previous sufferings, and whose general exhaustion make them unable to stand severe operative measures, we immediately recognize what a boon the less serious procedure of castration must prove. The common existence of cystitis due to unclean catheterization at the hands of the patient themselves, leads us ever to fear the occurrence of pyelonephritis after direct interference with the bladder itself. With castration shock is less, the hemorrhage is practically nil, the duration of anesthesia greatly reduced, the nursing and after-care incomparably easier, and finally, the improvement is usually rapidly manifested. Patients have urinated easily, and declared themselves greatly relieved, within forty-eight hours after the operation.

It would seem to be the duty of every surgeon to carefully explain to all patients the various procedures that are at their disposal, and to insist upon the advantages to be gained by the less severe, and apparently, more effective operation. It is certain that in a short time we will know the remoter results of castration, and possess statistics that will enable us to judge with greater certainty of the ultimate value of the operation. We do not hesitate to say, however, that a new surgical method is seldom presented with as brilliant a beginning and satisfactory a fulfilment. Performed with prudence and upon cases properly selected, the chances are that castration for enlarged prostate possesses a brilliant future. It must not be forgotten that discredit will attach to every operation that is performed injudiciously, hence the operator must feel assured, in every case, that he is dealing with true prostatic enlargement, and not with abscess, tumors of the prostate and neck of the bladder, and other pathological conditions that might lead to error in diagnosis.

JOHN RICHMOND.

Dr. John M. Richmond has a great many friends among the subscribers to THE MEDICAL HERALD who will be pained to learn of a recent heavy affliction that has come upon his family. His son John, a young man twenty-three years old, died in St. Louis May 8th, after an operation for appendicitis performed by Drs. Mudd and Prewitt.

Mr. Richmond was an architect of unusual ability and promise, who has resided in St. Louis for several years past. He was a member of the Architectural Club and of the St. Louis Sketch Club, and held from the latter three prizes awarded for execellence in sketching. His death is peculiarly sad, because of his youth and the promise of great things which he gave. His disposition was a most lovable one, for he was pure-minded, generous and noble-hearted. It is, therefore, not a wonderful thing that

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his friends were many. Among the members of the Sketch Club he was a great favorite. One hundred of them followed his remains to the station, and by their gifts of flowers and sympathetic acts showed their appreciation of his character and their regard for his memory. His artistic abilities were of a high order, young though he was. What might not his friends have expected of him could he have rounded out his full career.

"But the fair guerdon, when we hope to find,
Comes the blind Fury with the abhorred shears
And slits the thin spun life."

To Dr. Richmond and to his family, upon whom this blow falls so heavily, we are sure the sympathies of his friends go out in this hour of deepest darkness. D. M.

NUCLEIN IN DIPHTHERIA.

Dr. E. Erskine, of Rogers City, Mich., in a communication to the *Medical World*, gives an instance of his experience with nuclein in diphtheria. It will be well to note the unfavorable circumstances in which he found the patients, and that all dependence was placed in the nuclein. He says:

On December 4th I was called some nine miles into the country to investigate the sickness that had prostrated an entire family of six persons. As I approached the building I observed it to be an old log building, such as were built by early settlers. I entered and was shown a room (two in all, composed the interior), and at the same time I inhaled a terrible odor. Upon two straw couches placed upon the floor, lay six persons, ranging in ages from seven to twenty-one years. Upon examination, I pronounced the disease diphtheria. The mucous membrane was well covered with the exudation, the entire surface of the tonsils, palate and fauces were covered. The urine showed albumin in large quantities. I began tracing the disease and found that the mother had been visiting a family sick with the disease, in which three children had perished out of four. The temperatures were ranging from 103° to 105° F., with great prostration and considerable swelling of the neck. They were unable to take any food, although the mother was endeavoring to force it. (I will add that these patients had been sick a week previous to my visit.) * * * *

The nuclein treatment was not begun until my second visit, as I had ordered my supply and it had not arrived at my first visit. Previous to its use there was no great change for the better, but upon my third visit there was a marked change. In three of these cases the temperature was normal, and in three slightly above the normal. The membrane was loose and coming away in large flakes. There was no pain in the throat. The patients enjoyed themselves in various ways, and their appetites were good. Convalescence was rapid, and without complications of any kind. I crowded the nuclein, and at no time were there any poisonous symptoms. I have had considerable experience with diphtheria and its treatment. These cases were the most satisfactory to me of any I have treated.

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THE AMERICAN LANCET.

This journal, to the regret of all who read and are profited by such, has passed away. The editor, Dr. Leartus Conner, after an experience and service of almost a quarter of a century, thus speaks in his valedictory:

"*The American Lancet* has done what it could to promote the advancement of the profession along the highest lines coincidently with the marvelous changes in and out of the profession of medicine during the past twenty-four years. It has encouraged young men to acquire the art of writing, and old men to continue in the practice of this art, to the end that more facts and experiences of value might be placed upon the written record of the profession. It has encouraged medical society work and sought to multiply medical society workers. It has never neglected to encourage every effort for sound medical education along such lines as experience has shown to be the wisest. To repress the false and develop the true in all directions of the science and art of medicine and among medical workers, has been its constant aim."

A SINGULAR REMEDY.

Prof. Pictet, who succeeded in connection with Caillilet, in reducing hydrogen and oxygen gases to the liquid state, tried the effect of a low temperature on the animal organism, and the following is the result:

Dogs, when introduced to such an environment, stand it well, provided they are covered in blankets and wool, and provided the experiment is a short one. But a curious fact is that when they come out they are fearfully hungry.

Having seen that dogs stood the experiment well, Monsieur Pictet tried the effects of the intense cold upon himself, and went down into his "cold pit" carefully dressed in warm clothing and furs. The temperature was kept steadily at 110° below zero, centigrade—166° Fahrenheit.

After four minutes Monsieur Pictet felt very hungry, and was more so when he put an end to the experiment, coming out of the cold after eight minutes. He took a hearty meal and enjoyed it greatly; and this seemed all the more strange because for years he had not known what it meant to be hungry. Appetite was a word without meaning to him, and the digestion of each meal was commonly such a painful process that he ate very little, and never enjoyed it.

He repeated the cold treatment daily for a week, and after eight cold baths of eight or ten minutes each, his pain and distress after eating vanished. Appetite was restored and digestion became painless.

Since these experiments, now some months old, Monsieur Pictet has been in excellent health, and he thinks much may be accomplished for the relief of certain diseases by the cold treatment, which he calls frigotherapy.

Died.—Dr. William M. Thornton, widely known as the author of a number of works on medicine and allied sciences, died at his home in Boston, May 23rd.

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The Physician's Library.

TRANSACTIONS OF THE ANTISEPTIC CLUB, Reported by Albert Abrams, a member of the San Francisco medical profession. Illustrated. E. B. Treat, Publisher, 5 Cooper Union, New York. Pp. 205. Price, cloth, $1.75.

The intent of this book is to amuse. Its humor arises from a play on words, and the assumed seriousness of its thrusts at medical and surgical fads, especially in the antiseptic field. It sometimes provokes a smile, and often evokes a laugh; but never rises to genuine wit.

MANUAL OF CHEMISTRY. A guide to Lectures on Laboratory Work for beginners. A Text-Book Specially Adapted for Students of Medicine, Pharmacy and Dentistry; By W. Simon, Ph. D., M. D., Baltimore. Third Edition. Thoroughly Revised. 44 Illustrations and 8 Colored Plates. Lea Brothers & Co., Philadelphia. Pp. 502.

Every one who takes an interest in chemistry will place a high estimate on this work. It is both philosophical and practical; and full and satisfactory in the treatment of the science as respects its fundamental principles. The principles of analysis, both qualitative and quantitative, are clearly presented, and made easy of apprehension and application. The work takes its rank among the best.

COD-LIVER OIL AND CHEMISTRY; By F. Peckel Möller, Ph. D. Peter Möller, Publisher, 43 Snow Hill, London, and Christiana, Norway, distributed by W. H. Schieffelin & Co., New York, and A. T. Möller & Co., Copenhagen, Denmark. 1895. Quarto, 508 pages. Cloth.

This book gives an interesting account of that part of Norway and sea-line where cod fish prevail at certain seasons in such abundance as to afford employment for many hundreds of fishermen. It gives a history of the production of cod-liver oil and the several methods employed in its preparation. The points of interest connected with the production of this oil occupy 111 pages of the book; while the greater part is taken up with a consideration of hydro-carbons; derivatives of hydro-carbons; oxygen compounds; ethers, aldehydes and ketones; carbo-hydrates and glucosides; acids of the hydro-carbon series; sulphur compounds; nitrogen compounds; and cyanogen and its derivatives, subjects of very great interest to those who are sufficiently familiar with the language of chemistry to understand and appreciate the information conveyed in this way. Proteids, ptomaines, leucomaines, and ferments receive general consideration. The book can be obtained by any physician who will send his address to Messrs. W. H. Schieffelin & Co., New York City, and guarantee express charges.

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A HAND-BOOK OF LOUISIANA. Giving Geographical and Agricultural Features. Together with Crops that can be grown. Description of each Parish, Climate, Health, Education, etc., etc. By Wm. C. Stubbs, Ph. D., 1895.

A copy of this brochure will be mailed free upon application to State Immigration Association, 620 Common Street, New Orleans, La.

THE YEAR-BOOK OF TREATMENT FOR 1895. Lea Brothers & Co., Publishers. Pp. 490.

The name indicates the character and scope of the work. In the judgment of the contributors, what is here given is choice selected matter published in the various medical and surgical journals during the past year. There are 24 contributors to this volume. The general practitioner will find it very useful. This volume is the 11th issue.

THE INTERNATIONAL MEDICAL ANNUAL AND PRACTITIONER'S INDEX; A Work of Reference, 13th year. E. B. Treat, 5 Cooper Union, Publisher. Price, $2.75. Pp. 648.

This volume is the work of 37 editors and contributors. International, they are residents of the United States, Great Britain and the Continent. The work is largely illustrated. Here one can fine something on almost every conceivable subject. As a book of reference, it is invaluable for practical purposes. It is a stored treasury of the past year, and hence gives the latest knowledge on all subjects covered.

BLOOD-SERUM THERAPY AND ANTITOXINES; By Geo. E. Krieger, M. D., Chicago. E. H. Colegrove & Co., Publishers. Pp. 68, with Illustrations.

Just at this time when antitoxins are exciting much interest in the medical public, as well as the public in general, this little work will afford much information as respects the treatment of tetanus and diphtheria. It gives a clear and impartial view of serum therapy, and the methods of producing toxines and antitoxines, and their sources. One will have a very fair view of the whole after reading this exposition of the subject.

MANUAL OF GENERAL MEDICINAL TECHNOLOGY, INCLUDING PRESCRIPTION WRITING; By Edward Curtis, A. M., M. D., Emeritus Professor of Materia Medica and Therapeutics, College of Physicians and Surgeons, Medical Department of Columbia College, in the City of New York. Third Edition, conforming to the U. S. Pharmacopeia of 1890. Pocket size (Wood's Pocket Manual Series), 245 pages; price, $1.00.

This is a small volume, but one should not judge its worth from its size. One will be surprised on reading it to find so much of practical interest in it. It is particularly serviceable to the beginner, and especially those who furnish their own medicines. It is worth the money.

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THE LIFE AND LETTERS OF SAMUEL HAHNEMAN; By Thomas Lindsley Bradford, M. D. Philadelphia: Boericke & Tafel. 1895. Price, $2.50; by mail, $2.75.

Now that men of all schools are inclined to look with less antagonism on one side and less enthusiasm on the other, at the life and character of men who have occupied prominent places in medical history, the story of the life and times of Hahneman is exceedingly interesting. This memoir is the more valuable because in giving a truthful picture of the times in which the great reformer lived it makes no comments upon his motives, his character or his writings, telling the simple story of his life's work as gathered from his writings, and those plain, unvarnished facts which have become a part of history.

SUGGESTIVE THERAPEUTICS IN PSYCHOPATHIA SEXUALIS; with Especial Reference to Contrary Sexual Instinct. By Dr. A. von Schrenck-Notzing (Munich, Germany). Authorized translation from the German by Charles Gilbert Chaddock, M. D., Professor of Diseases of the Nervous System, Marion-Sims College of Medicine, St. Louis; member of the American Medico-Psychological Association; Attending Neurologist to the Rebekah Hospital, St. Louis, Mo., etc., etc. One volume, Royal Octavo, 325 pages. Extra Cloth, $2.50 net; Sheep, $3.50 net. Sold only by subscription to the medical profession, exclusively. Philadelphia: The F. A. Davis Co., Publishers, 1914 and 1916 Cherry Street.

This book is intended to show what can be done toward curing sexual perversions, sexual evil habits and practices, *et id omnegenus* by suggestion while the patient is in the hypnotic state. To class this agent as a remedy and to use it as such is one of the strange things that have happened in these latter days, when physicians seem to be constantly on the hunt for something new, with a disposition to employ any thing that promises success. Hypnosis or the hypnotic state is something that practitioners know nothing about, and is not an agent that can be employed as the non-psychical remedies. The profession views Christian Science as something absurd and criminal; yet Christian Science deserves commendation when paralleled with hypnotism. One claims that prayer to the Deity is what all should rely on when something is out of sorts; but hypnotism is of the devil, and its practice in positive violation of a Divine law, to which was attached the penalty of death. But men who "investigate" the phenomena of "occultism" do not know that such a law was ever given to mankind by the One who made man. Nevertheless such a law exists, and will confront its transgressors sooner or later.

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SOCIETY GATHERINGS

WESTERN ASSOCIATION OF OBSTETRICIANS AND GYNECOLOGISTS.

Annual Session at Omaha, Neb., December 22.

Officially Reported for THE MEDICAL HERALD.

Mergenthaler Typesetting Machine.

This association met in annual session at the Paxton House, Omaha, December 22, 1894. The meeting was called to order by the President, Dr. Lewis Schooler, of Des Moines. Secretary, Dr. T. J. Beattie, Kansas City.

PRESIDENT'S ADDRESS

Gentlemen and Members of the Society —The former meetings of this society have proved pleasant and profitable. We meet today under equally happy conditions and I desire at the outset to thank our friends in this city for their zeal and labor, knowing as we do that it was all performed cheerfully and willingly and in order that our brief stay may be pleasant and that we may each bear away pleasant recollections of this beautiful city and its profession.

Societies are numerous, but that there was a need of this organization I think cannot be doubted. The specialists in this line throughout the territory embraced, have long felt the restraints of their local environments and have long deplored the lack of acquaintanceship with their brothers, so essential to a proper estimate of their work and personal worth. This was due to the absence of large centers of population although the aggregate of population far exceeds that of all our large cities, under these circumstances, each has been compelled to forego the friendship of his Western brother and journey eastward to the larger centers and hospitals in order to witness the methods of others and make comparison between that and his own. Valuable as this is to all of us, it yet fails to satisfy in the same degree as does that of our fellows who like us have had to feel our way step by step with no guide except the printed experience of others and our own judgment.

Inconvenient as this was it was not always a disadvantage, it frequently developed our powers of observation and scrutiny in a way that nothing else could have done. In confirmation of these views we have but to look at the history of ovariotomy and vesico vaginal fistulae as well as any other operations in Gynaecology. I would not disparage the teachings of our schools, and especially those supplying post-graduate courses. They are excellent in their way and are of inestimable value to the general practitioner who desires to further prepare himself before embarking in his chosen specialty.

But these meetings are schools of themselves, the instruction, though intermittent and the term frequently too short, is of a character that impresses itself forcibly upon the minds of all who participate. It is the condensed and well digested experience of those who are laboring constantly for the betterment of their condition, in regard to education and practice.

The views of the individual who writes upon any topic may of themselves present but a single thought, but the discussion which it calls forth generally greatly amplifies that and other ideas in such a manner that what is new is readily grasped and that which is older and good is emphasized.

Who of us that attended these meetings that do not hear ideas formulated of which we have had obscure glimpses ourselves. Our observation may have been too limited or our opportunities too few or our time too much occupied to have enabled us to formulate them ourselves. We are always thankful, however, for this assistance.

Here, too, we are benefited by personal conact and a personal comparison of views. It is a commingling of minds that occupy the same channel, yet with a sufficient divergence to lend a zest to any argument.

The future ought to be easily predicted of an organization which has started under such favorable circumstances, but in this may lie a false security. In order that we may maintain our position and attract the attention of able Gynaecologists we must each strive to put forth our best efforts.

Political methods (the bane of nearly all scientific associations) should be rigidly eschewed, personal ambition should not be recognized; honor should be conferred as a recognition of merit. It may be impossible to recognize all who shall prove themselves worthy, but when all are convinced that the aim is in the proper direction no one will be found to complain.

While the older associations have acquired more fame and secured greater prestige and attracted more members with greater reputations we should not be found entertaining in the least a spirit

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of jealousy, but rather that of generous rivalry and an earnest desire to do our work that will compare favorably with theirs.

No startling discoveries or methods that are strictly new have marked the progress of the last year. The workers have been numerous in our field and the improvement has been marked and valuable, largely, perhaps, along well known lines. The abdominal section is, perhaps less frequently performed as an exploratory operation, though occasionally a seeming necessity.

The interpretation of physical symptoms having been more carefully studied has produced a refinement of diagnosis that enables us to practice greater selection. The opening of the abdomen in cases of purulent pelvic collections has lost something of its popularity, especially where the collection is small and deeply seated, the exposure of the peritoneum to infection by the discharge of recently formed pus has produced such disastrous consequences in the hands of our most skilled operators that few are to be found who do not prefer the safer and equally satisfactory route by vaginal puncture.

The procedure is far less dangerous and may be resorted to at a much earlier period at least as an exploratory operation without jeopardizing the patient's chance of recovery. While not greatly in favor of apparatus for the purpose of diagnosis, I believe there is little or no danger in simple puncture with an asperating needle in the hand of a competent person under antiseptic precautions.

Where the collection is large and shows a tendency to point above the pubis such accumulations usually being cut off from the general peritoneal cavity, the objections to abdominal sections are not so great.

Though in many of these cases where nothing further is attempted than a mere evacuation of the pus the simpler procedure might answer quite as well without the risk of a weakened abdominal wall.

Where the pus is contained in the tubes and a true salpingitis exists the abdominal section alone is admissible except as mentioned later. The drawback being a hernial protrusion in those cases that have to be kept open for any great length of time where healing can only be secured by second intention. Attention is frequently called to anaesthesia in Gynaecological surgery, and the more energetically the warning is sounded the better it will be for both patient and surgeon.

While a greater boon to humanity has never existed than the discovery of a pulmonary anaesthetics their use and abuse are as different as night and day. I fear that we frequently fail to estimate properly the part that general anaesthesia plays in the causation of deaths occurring during the third or fourth day subsequent to capital operation; we too frequently says "exhaustion," "heart failure," "operation came too late," or other equally fallacious theories that serve an excuse in satisfying the friends and not unfrequently the surgeon himself, for this condition we are too often powerless of escape, the procedures are too formidable to think of dispensing with a general anaesthetic, and as we are yet unable to discern accurately the vital capacity of each case or their capacity to endure the shock of an operative procedure as well as that of a pulmonary anaesthetic there will always be a certain number of produces what will result unsatisfactorily —much can be done, however, by local anaesthetics, especially in most minor procedures, and occasionally in the major ones. With the lesson of a single case in my own practice I am fully satisfied that I might have made at least a few abdominal sections with local anaesthetics and by that means have saved my patient the disagreeable after effects that too frequently follow the administration of pulmonary anaesthetics.

Another important point in this connection is the indifference as to whom we employ as an anaesthetizer, and the deliberate manner in which we set about our work. Experience teaches me that in the selection of our assistants that far the most attention should be given the selection of a competent anaesthetizer, and that while undue haste is reprehensible no operation should be prolonged because the patient does not suffer pain. In many cases shock does not seem to be mitigated by anaesthesia, and all tedious dissections or even prolonged efforts in preventing or controlling hemorrhage conduce largely to the production of the shock. It is the duty therefore of every physician to cultivate celerity in all his surgical procedures. While the older surgeons did not perform many of the operations that we do today, they did all others with a skill and rapidity that would startle most of us of the present day, and in this lies largely the success which they attained, in all surgical procedures.

What has been said above has not been said in derogation of any one's work nor even that of the profession in general, each has been doing his work in the best manner that he could and it is to these individual efforts that we owe our progress, without them we would be floundering and groping in utter darkness without capacity to improve.

I feel sure, however, that each of you have given serious attention to these thoughts, and if I shall succeed in emphasizing these ideas I shall feel that I have served you as well as if I had given you some new technique or had I even been the discoverer of a new procedure.

Total extirpation of uterus and adnexa per vaginum in chronic endometritis associated with salpingitis or ovaritis is an advance that has recently been urged and if the accounts we have had of its success are not too tarnished by those yet to come, we may yet be able to record it as an actual advancement in our sciences. One that has for its analogue, the removal of the testes in the male for the relief of senile hypertrophy of the prostate.

Since the above was written I have received the programme and find that some

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of the above subjects will be elaborately treated where I have only had time to mention them. This but confirms the views elucidated in the beginning of this address, that it is here we learn of one another the truths and principles upon which our speciality is founded, each observing and investigating for himself, here he lays his gleanings at our feet and to the extent of which we are benefitted by his labors should we endeavor to recompense him by our own.

The executive committee reported favorably upon the applications of Drs. E. W. Chase, Omaha; W. L. Schrader, Iowa City; B. B. Davis, Omaha; B. H. Criley, Dallas Center; W. L. Ross. Omaha; A. L. Wright, Carroll. These gentlemen were unanimously elected to membership.

DR. M. B. WARD, of Topeka, Kansas, presented a paper, entitled "A Few Unique Cases in Abdominal Surgery." (See original department, page 210.) Discussion as follows:

DR. J. C. SCHRADER Iowa City, Ia.:—It would be hard to discuss the paper as a whole, but there are some cases quite unique to me. I have not seen anything like them. It was a very interesting paper, and I am very glad that I, for one, owe the doctor my thanks for his having reported the cases in the manner in which he has.

DR. SUMMERS, Jr.:—I believe that the uterine sound does a great deal of damage, but my experience has been that most of the men who use it are not clean in the way they use it. I think it is a valuable instrument, and if the practitioners were as clean in using the sound as they are in preparing to open an abdomen, I do not believe it is a dangerous instrument. One point of the doctor's I wish to make clear, which I think is very interesting, and that is in regard to the use of the dilator. Now I generally use a dilator, a Goodell instrument, and on one or two cases, I have had an opportunity to observe the damage I have done with this instrument. It is preferable to use the Hanks dilator or those gotten up by Dr. Pratt of Chicago.

DR. HALL—I think it a very excellent paper and full of interest to us all. Though Dr. Schrader says it was discussed, there is one point I would like to have discussed. What did he consider the result of what he did? He operated for appendicitis. I thought he failed to get the appendix?

This has been somewhat of a hackneyed subject before the association for many years. The very first time I attended the American Medical Association a doctor of Buffalo, N. Y., read a paper on this subject. I do not believe that in this day of enlightenment and education, that a man who has any respect or decency in the practice would use the dilatory uterine sound. It is a bad thing. The uterine sound is essential. Now in regard to the dilatation spoken of by Dr. Summers, I agree with him that it does often harm.

DR. CROWELL:—Dr. Ward is certainly to be very much complimented upon the very admirable success which he has had in this class of cases. It is a question with me after having had so much experience along this line, that the doctor would repeat those operations. The same operation on any number of cases where he would meet with the same success which he seems to have had. I believe as we advance along this line of abdominal surgery that we are bound to arrive nearer and more at the point of conservatism. Now I do not believe that the doctor in every instance was conservative in the treatment of these cases.

Now for instance, we take the first case, I think the breaking up of adhesions was wrong, I believe then and there he should have taken steps to have found by what means and with the least possible disturbance he could have evacuated that pus. It is safe to say that we should attempt to remove as little as possible and save the patient's life. The doctor did do that and he was successful. but he took risks which I do not believe were warrantable under the premises in the case. Now I believe that when we find these cases, weak, with a temperature of 103 degrees and 104 degrees, with the pulse running up to 140, with a weak heart, those patients should not be subjected to this complete and perfect surgery. Of these in a very large majority of cases, we will get death. That is as I have experienced. I think those cases should be treated and the pus should

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be evacuated and when the patient can be brought into a condition warranting an operation, we can go ahead and complete our work. Many times they will so improve by an evacuation of the substance that the patient will be restored.

In regard to the use of the sound, I am of the same opinion as Dr. Hall. If everything is surgically clean we would not have any trouble.

DR. WARD:—I thank the gentlemen of the society for their compliments. My experience, Mr. President, is one I think that is the experience of every doctor, that our deaths come from our symptom cases. Both patients were comparatively simple cases. In regard to doing more work that I should do, now I know there is something in that, but I watch the conditions of my patients and always have an assistant in these cases. The moment I find the patient is being shocked I let up.

Paper read by DR. CROWELL of Kansas City. Subject, "Carinomae Uteri." (See page 219).

DR. MITCHELL opened the discussion.

I have never had any experience personally in operations on such cases. I think the paper is a good one. I think that the writer has seen that careful examination where there is any symptoms, and careful analysis and speedy operation performed, because we know there are many cases who go beyond the line of help, that should be taken in the early diagnosis. I was pleased with the paper as a matter of interest, and no doubt will be a profit to us all.

DR. SUMMERS.—Has anyone seen a case operated upon that lived five years after the operation in which a diagnosis was made by the microscope?

DR. THOMAS.—I have reports of five here, with one death from the operation, and one woman living at the end of four or five years, the others having died in the meantime.

DR. ADAMS.—Out of 500 new cases that I see every year, I possibly see one undoubted case of carcinoma of the uterus.

DR. WARD.—In all those suspicious cases that your colleague mentioned tonight, if they have suspicious looking cervices, why not be removed? The rule that has guided me has been the general debility, loss of appetite, great weakness, even though the microscope might not point out to us, an operation would not be out of place, and in case the patient failed so rapidly that I did not wait for the microscope to reveal the condition. In this case in bringing the fundus of uterus forward, like getting the upper portion of the ligament from the end of the uterus, the uterus broke in two and yet the microscope showed no cancer. So we must take the case from the start; take in all the symjtoms.

DR. WILLIAMS.—I think if I should develop the habit of making a thorough examination for these conditions, I would get mixed and liable now under the circumstances here today, in getting somewhat rattled. We must not introduce the sound, and we cannot always get our fingers where we want them, and would suggest to keep out of the region of these tumors. How are we to know the condition when the patient has no symptoms? One question of the critical period. I am not satisfied that there is a critical period in the history of women. It may be possible that there is a condition of tissue that leads to more numerous cases of malignant growth during that time with ladies than with gentlemen.

DR. ADAMS.—I must answer Dr. Ward to a certain extent. I understand you can take the uterus and all you have to do is simply make your incision above and below. This being done here and there throughout the country for carcinomatous uterus. You can take it the same as a gland, and a gland it is, in its ordinary inception, and you can simply peal off, and need no forceps. That has been done I understand in different parts of the country.

There is a period where you do have those sudden changes and they do come on. I have said at that period, ladies that complained of pain, and the physician that was taking care of her never realized before till the patient was broken down, and it was impossible to do anything. Yet in some

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of those cases the microscope reveals nothing. Where are we at?

DR. CROWELL closes discussion. I am afraid that Dr. Adams is going to spoil the reputation of Kansas City. The point that I wish to make in the paper you have all appreciated undoubtedly, and when these cases have some progress, then we have these symptoms that are demonstrative to the eye that you noticed by an inspection, as a rule they are the cases that very little can be accomplished unless it is to prolong life. After a year or two they die, and very few last three, five or more years.. One case I recollect, I think that I operated on four years ago and the patient is still alive. But I heard she had a recurrence, probably of the cancer, but I believe that this diagnosis can be made by the microscope with very few exceptions; and as a matter of fact I have never yet run on to a case where it proved to be a cancer, that the microscope did not demonstrate, and that is why I wanted to emphasize the point of making an early examination. It does not do harm; better than to operate on suspicion. I have done that twice, but not get it down as a rule to operate except after making a diagnosis with the microscope.

DR. C. LESTER HALL, of Kansas City, read a paper, entitled "Ectopic Pregnancy." (See page 222).

Discussion as follows:

DR. CROWELL—What the doctor reports in his paper reminds me when I was called on the 2nd of October, after the patient had been sick four months, so that she would hardly weigh more than 65 or 70 pounds, feeble in every way, unable to take any great amount of nourishment, and the history that I was able to get I obtained from Dr. Sloan, and probably due to the impressions which the doctor had arrived at in eliminating as he did the probability of a pregnancy, tended to make me put it out of my mind, at the same time, on examination of the vagina, but more particularly of the rectum. The pus which we evacuated at the operation was entirely below the peritoneum, and seemed to have no formation with any sac above. An incision of about one and a half inch long was made over the enlargement, and in passing the finger through, it was easy to detect that we had a pregnancy, and in taking it out in places between the two fingers and deeper down in the sac we removed the bottom, that was plastered on the walls of the sac. The sac did not communicate with the cavity. After, the patient did very well indeed; we made no attempt whatever to close the opening, not being very large, and the patient was kept alive by artificial respiration. She improved very materially, and we thought was doing very nicely until she took this pneumonia from a cold, and quickly went down. When we performed a postmortem examination, I found there was very little doubt but what is was an extra tubal pregnacy.

DR. JONAS:—Some four or five months since, we had occasion to open an abdomen which presented the usual physical and subjective signs and symptoms, with extensive adhesions which had existed a period of two years or more. Upon entering the cavity and making an exploration, it was some considerable time before any of the organs could be located. After the other contents had been cleared away and we had found the fundus which we took as a guide to follow the tubes to the ovaries, we found in the left side a mass about the size of an orange, which was rough all over, and which was removed very easily, but was attached to the side. When it had been separated from the tubes and ovaries removed this was opened we found what we thought to be foetal remnants. We believed that the contents of the cyst was the decomposed fetus, the sheet of bones, none of them perfectly formed.

DR MITCHELL:—In regard to extra-tubal pregnancy, there is one or two conditions which have been objected to by investigators which seems one point in that direction—in favor of extra tubal pregnancy. Now the question is, how does this ovary get from one into the opposite tube? Now that very thing seems to me makes it possible that pregnancy may take place in the cavity of the abdomen, extra tubal. Then another point, observers

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have found spermatozoa coming in contact with the egg and the ovary. It seems to me we may have an extra tubal pregnancy.

DR WARD:—I do not see but what these surgeons did as well as any one could have done at the time of the operation. You know it is not pleasant to say unpleasant things, or say, I told you so, but I believe these kind of cases should not be allowed to go on too long. It seems to me that there should be no danger, and there is no danger, no more than cutting off a finger. Occasionally the person will die; occasionally persons die when they stick a pin in their finger or step on a piece of glass.

It is not always best to wait till the patient gives permission before performing an operation, yet no surgeon has gone in and said, you must have an operation, but they have said a number of times, you ought to have, and he has gotten up and is all right so far.

DR HALL:—I am sorry the paper was not received with a more extended discussion, because the case was to me a very important one. But I can say that there was never but two occasions when she was really in a condition to bid fair to stand an operation well, and that was about the first of August when I took charge of the case, when there was no well defined mass in the cavity, and while we discussed this, the history was very indefinite. In fact it was very hard to get anything out of him in regard to the history of the case. Just at the time I first saw her on this second occasion, when she seemed to get better, was the very time that we might have operated and possibly have saved her life, because she was building up and was hopeful and was so very much better that an operation would have been justified. We made abdominal section first, but we opened the abscess. When in spite of the extreme condition, if it had been possible for her to escape pneumonia, I think our patient would have recovered. I am very much obliged to the gentlemen for having discussed it.

The executive committee submitted the following report: Officers for the ensuing year: J. E. Summers, M. D., President, Omaha, Neb.; H. C. Crowell, M. D., 1st Vice President, Kansas City; J. C. Shrader, M. D., 2d Vice President, Iowa City Ia.; T. J. Beattie, M. D., Secretary, Kansas City; M. R. Mitchell, M. D., Treasurer, Topeka, Kas.; executive committee, Drs. M. B. Ward, Topeka; L. Schooler, Des Moines; C. W. Adams, Kansas City; W. F. Sawhill, Concordia; A. F. Jonas, Omaha.

Next place of meeting, Kansas City, December 26-27, 1895.

Report adopted.

(To be continued in our next issue.)

AMERICAN MEDICAL ASSOCIATION.

The annual meeting of this National body convened in Baltimore on May 7th, and was in every respect a representative session, there being fully two thousand physicians and surgeons in attendance.

The spacious music hall afforded ample room for the general sessions, as well as for the various sections.

Dr. Donald Maclean of Detroit, Michigan, presided with grace and dignity. Mayor Latrobe, in a well worded address, extended the visitors a hearty welcome.

The subject of the President's annual address, "A Few Living Issues Affecting the Practice of Medicine and What Came of Them," was listened to with great interest. Regarding a National Bureau of Health, he said:

> A National Bureau of Health, superintended by a competent medical authority, who shall be a member of the cabinet, could not fail to secure for the nation benefits beyond the language of dollars and cents to express. It is my deliberate opinion that the establishment of a bureau of health as an integral part of the nation's executive will prove an effective instrument in promoting the public welfare.
>
> The party, professional or political, which shall succeed in consummating this wise measure will assuredly earn for itself the gratitude and applause of an apreciative nation."

A motion by Dr. Solis-Cohen to investigate the quack advertisements in the Journal, gave rise to much discussion, but was lost.

The Rush Monument Committee reported over $3.000 on hand, and Dr. Gihon stated that the shaft could be

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be erected at once if the Association would contribute $13,000.

Dr. Henry T. Holton of Vermont, offered to make one of the one hundred members to contribute $100 each toward the fund, and was supplemented by Drs. William H. Daley, Pennsylvania; Henry O. Marcy, Boston; O. H. Wingate, Wisconsin; J. M. Keller, Arkansas; S. W. Free, Pennsylvania; John Wyeth, New York; Jerome Cochran, Alabama; A. Garcelon, Maine; J. M. Ridge, New Jersey; B. D. Evans, Donald Maclean, Detroit. Dr. J. M. Reeves, of New Jersey, and Dr. Patrick Espy promised the fund respectively $50 and $25. Dr. Wyeth, who was chairman of the New York Committee which erected a monument to Dr. J. Marion Sims, afterward raised his subscription to $500, provided five others gave like amounts.

The Judicial Council very wisely refered back to the respective State Societies the ethical questions brought up by the Allegheny Medical Society, the Cleveland Medical Society, and the St. Louis Medical Society.

The much discused question of advertising in the Journal, was finally disposed of by the following report of the trustees:

"The trustees confidently assert that none of its contemporaries present advertising pages that are as free from objectionable material. During the year no advertisements of secret remedies have been accepted that were not accompanied by a formula, but, to still further comply with what appears to be a desire of a large number of those interested in the highest success of the Journal, the editor, with the termination of the present contract, has been instructed to accept no advertisements of medicinal preparations the proprietors of which do not give a formula containing the official or chemic name and quantity of each composing ingredient to be inserted as a part of the advertisement."

The expenditures of the Board of Trustees during the fiscal year of eleven months amounted to $30,884.82, and the receipts $36,245.90, leaving a balance of $5,361.08.

The annual address on Surgery was delivered by Dr. C. E. Wheaton of Minnesota, and was well received. The doctor presented a general resume of the year's progress, along the line of surgical science, and also gave some accounts of the new operations illustrating the value to humanity of the recent marked advances in that science.

The annual address on State Medicine was delivered by Dr. Henry D. Holton, of Vermont. Among the points emphasized by the doctor, were the following:

1. The State Boards of Health should be given more power in carrying out what they consider best for the general health of the people.
2. A National Department of Public Health, and an advisory board consisting of one member from each state, should be subject to the call of the secretary in times of threatened epidemic.
3. The necessity of government inspection in regard to cattle diseases, milk and the examination of patented medicines.

THE ELECTION

The report of the comittee on nominations caused considerable excitement in the convention hall on account of its objecting to the retention of Dr. Atkinson as Secretary. Dr. J. N. Quimby of New Jersey, was first on the floor and espoused the cause of Dr. Atkinson. He referred to the thirty-one years continuous service as secretary, and moved that the report of the committee be not received. Dr. William Osler of Johns-Hopkins university surprised his best friends by his bitter speech against Dr. Atkinson, in which he characterized him as being incompetent to hold the office.

The vote of the Association, however, was nearly unanimous in favor of Dr. Atkinson's retention as permanent secretary.

New officers:

President, Dr. R. Beverly Cole, of San Francisco, Cal.

First Vice President, Dr. J. J. Chisholm of Baltimore.

Second Vice President, Dr. John C. Le Grand of Alabama.

Third Vice President, Dr. Augustus B. Clark of Massachusetts.

Fourth Vice President, Dr. T. P. Sutterwhite of Kentucky.

Treasurer, Dr. William B. Atkinson of Pennsylvania.

Librarian, Dr. G. E. Wise of Illinois.

Members of the Board of Trustees, Alonzo Garcelon of Maine, Dr. I. N. Love of Missouri, Dr. James E. Reeves of Tennessee.

Members of the Judicial Council:

Dr. N. S. Davis of Illinois, Dr. H. O. Didama of New York, Dr. John Morris of Maryland, Dr. W. E. B. Davis of Alabama, Dr. George W. Brower of Chicago, Dr. D. W. Smouse of Iowa, Dr. M. B. Ward of Kansas, for three years each; and Dr. William M. Welch of Pennsyl-

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vania, for one year. Those selected to deliver the annual addresses at the next meeting are: Address on Surgery, Dr. Nicholas Senn, of Illinois; address on General Medicine, Dr. William Osler of Baltimore, address on State Medicine Dr. George H. Rohe of Catonsville, Md.

NEXT MEETING—AT ATLANTA.

Dr. Gihon, U. S. N., headed a movement for Washington, and proposing that the meting be held in connection with the celebration of the Centennial of the Discovery of Vaccination. The southern faction, with Dr. Macfadden Gaston and Dr. Cochran, of Alabama, was too strong for the capital men, and Atlanta won, after a long struggle.

The social features of the occasion were most enjoyable, including receptions, by local physicians, various hospitals, and a steamboat ride up the bay, concluding with a grand concert and ball, at which the elite of Baltimore was represented.

MEDICAL EDITORS.

The Association of Medical Editors held its annual banquet on Monday evening, at which the leading medical journalists were present. Dr. John B. Hamilton presided, with Dr. I. N. Love as toastmaster.

The officers for the ensuing year are: Dr. George M. Gould, of Philadelphia, President; Dr. A. H. Ohman-Dumesnil, of St. Louis, treasurer; Dr. H. B. Ellis, of Los Angeles, California, Secretary.

AMERICAN MEDICAL PUBLISHERS.

This Association held its second annual meeting at the Eutaw house on the 6th and 7th of May, with the following in attendance:

Dr. J. C. Culbertson, Cincinnati, Ohio; Miss Dora Jones, St. Louis, Mo.; Dr. John C. Le Grand, Anniston, Alabama; Dr. C. F. Taylor, William B. Saunders, Philadelphia, Pa.; Miss Hackedorn, Toledo, Ohio; Dr. F. E. Stewart, Detroit, Mich.; J. MacDonald, Jr., Irving J. Benjamin, Dr. Ferdinand King, Dr. H. P. Fairchild, New York City; Dr. R. W. Lowe, Bridgeport, Conn.; Dr. W. C. Wile, Danbury, Conn.; Dr. H. M. Simmons, Dr. William B. Canfield, Baltimore, Md.; H. A. Mathie, Dr. A. H. Ohman-Dumesnil, Dr. I. N. Love, St. Louis, Mo.; Dr. Landon B. Edwards, Richmond, Va.; Dr. Hudson. Austin, Texas; Dr. William F. Bartlett, Philadelphia; Dr. T. D. Crothers, Hartford, Conn.; Dr. Gilbert I. Cullen, Cincinnati, Ohio; Dr. Henry S. Upson, Cleveland, Ohio; Dr. E. E. Holt, Portland, Maine; Charles Wood Fassett, St. Joseph, Mo.

Nineteen new members were admitted and questions of the day affecting medical publishers were profitably discussed.

Beginning with July 1st, a monthly bulletin will be issued for the benefit of members of the Association. It is to be edited by Drs. P. H. Fairchild, J. Mac Donald, Jr., and Ferdinand King, New York City; Dr. J. C. Le Grand of Anniston, Alabama, and Charles Wood Fassett, of St. Joseph, Mo.

The secretary was authorized to issue in pocket form, a revised list of medical advertisers.

Upon invitation, the Association banqueted with the Medical Editors, on Monday evening.

The officers re-elected were as follows: President, Dr. Landon B. Edwards, of Richmond, Va.; Vice President, Dr. H. C. Culbertson, Cincinnati, Ohio; Treasurer, J. MacDonald, Jr., New York City; Secretary, Charles Wood Fassett, St. Joseph, Mo. Dr. J. C. LeGrand and Irving J. Benjamin were elected on the executive board.

AMERICAN MEDICAL COLLEGE ASSOCIATION.

The Association assented to the appeal from the American Medical Association by endorsing the four year course before the degree of M. D. could be conferred.

This was opposed at the meeting a year ago, principally by Baltimore and the colleges of the south. Dr. Thomas Opie, dean of the College of Physicians and Surgeons of Baltimore sent a letter to the meeting asking that the time for the insistance on a four year course be delayed until 1900. This proposition was supported in speeches by Drs. J. Edwin Michael, dean of the University of Maryland.; Aaron Freidenwald, and J. A. White of Richmond. The vote in favor of the four year course taking effect in 1895, was 29 to 5.

Officers were chosen as follows:

President, Dr. William Osler of Baltimore; Vice Presidents, Drs. J. M. Bodine of Louisville, and D. W. Graham of Chicago; secretaory and treasurer, Dr. Bayard Holmes of Chicago, and judicial council, Drs. D. S. Reynolds of Louisville, W. C. Pancost of Philadelphia, and Victor Vaughn of Ann Arbor, Mich.

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THE MEDICAL EXHIBITS.

Across the street from the Music hall, was an immense circular structure originally intended for a cyclorama, and this was converted into the most atractive exhibit hall it has ever been our pleasure to visit, under the supervision of Dr. B. T. Winchester.

On acount of our limited space in this issue we are compelled to defer the notices of the many other excellent exhibits until our June number.

Occupying the space around the center pole, was a most attractive booth occupied by that enterprising Baltimore house, Sharpe & Dohme, represented by Cecil Mullikin, B. T. Winchester, M. D., and G. T. Hunter, M. D.

The Pasteurine Chemical company of St. Louis, was well represented by Miss Dixie Sterne and Mr. R. C. Beaty, vice president and general manager. The floral decoration of this display was the subject of many compliments.

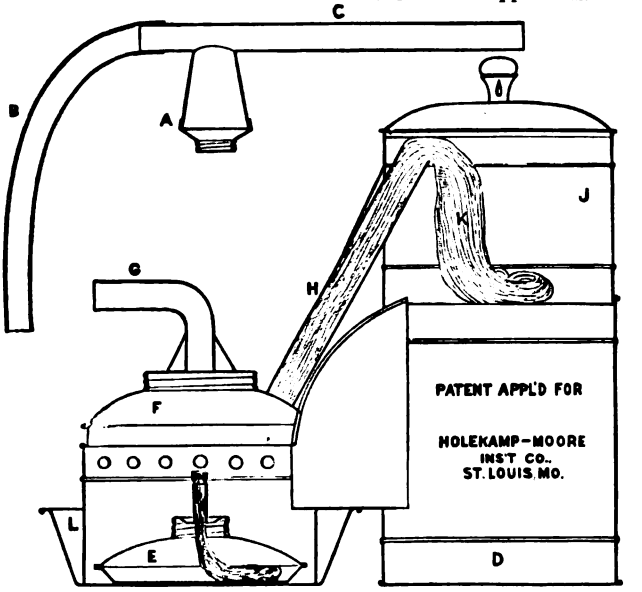
That old reliable house of William R. Warner & Company made an effective display under the direction of the following quartette: H. R. Chears, H. L. Kann, F. B. Stone and A. E. Remick. Mr. William R. Warner, Jr., was also present at the meeting.

The Renz & Henry Company displayed its Elixir 3 Chlorides of Tri-Iodides to good advantage, under the direction of Mr. Frank A. Henry. This house is putting of some of the most effective advertisements in the pharmaceutical line.

A particularly attractive display was that of the Vose Manufacturing Company, of Baltimore, manufacturers of Dental and Surgical supplies, Deformity apparatus etc., under the management of E. G. Irvine, assisted by Drs. J. F. Crowley, D. E. Robinson and J. V. Irvine.

The Alta Pharmacal Company were presenting the profession with samples of their new Sodium Phosphate combination, Melachol, which according to Dr. Brunton, has been found especially useful in children with hepatic derangements, on account of its gentle action. Dr. J. C. L. Patton had charge of the display.

The largest and most varied stock of surgical instruments and supplies was displayed by the Holekamp-Moore Company of St. Louis, under the supervision of Dr. J. W. Moore. This enterprising house has just placed upon the market a new continuous vaporizer that will run for twelve hours without refilling. It is especially serviceable in the treatment of affections of the nose, throat and lungs. We present below an illustration and description of this unique, but very simple and effective apparatus.



DESCRIPTION OF A CONTINUOUS VAPORIZER.

"A" is the reservoir to collect the water which may result from the condensing of the steam as it passes from the vessel "F" out through the metal tube "G" and "C."

"E," alcohol lamp which with a small flame, converts the water into steam as fast as it is fed by the wick "K."

"G" is the outlet tube for the steam which can be attached on an ordinary piece of tubing, or tube "G" can be lengthened by fitting the tube "C" to "G," and then it can be lengthened by slipping the rubber tubing over this extension, as is shown by letter "B."

"J," self-feeding reservoir, being the container for the water, which can be used either medicated or not.

"K," wick which feeds the vessel from the reservoir.

"L," basin to catch the surplus fluid and prevent it from running upon the table or floor in case it should overflow by feeding too fast.

By filling the lamp "E" full of alcohol it will convert the fluid into steam as it passes by way of wick "K" from reservoir "J" to "F."

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PERSONALITIES

Dr. D. Hack Tuke, the celebrated alienist and author, died March 5th.

M. W. Fish, the Chicago representative of D. Appleton & Co., paid the HERALD office a visit recently.

Mr. Jno. Bird, the blind surgeon of London, Eng., died in April, at the age of 84 years. Mr. Bird has written many medical works.

Dr. H. E. Robinson, editor of the Maryville *Republican*, was in the city recently on his return from Macon, where he attended the reunion.

Dr. Halsey W. Foster, son of Dr. W. S. Foster, of Pittsburg, died at the age of 23 years, three weeks after graduating from the West Penn. Medical College.

Dr. W. W. Bulette, of Pueblo, one of the HERALD'S regular contributors, has been elected by the State Commissioners laryngologist to the Colorado State Insane Asylum.

Drs. James Moores Ball and Emory Lanphear, of St. Louis, made THE HERALD a pleasant call on April 16th, en route to the Iowa State Society meeting, at Creston.

Dr. E. O. Barker, editor of the *Oklahoma Medical Journal*, Guthrie, called during THE HERALD'S absence in Baltimore, and left a neat round-cornered card, indicating that he is up to the times, even if he does reside in a "brand-new" country. The doctor has been taking a post-graduate course in St. Louis.

Dr. G. W. Talbot, of Denver, Col., died suddenly at the St. Charles hotel in this city, on May 13th. Dr. J. S. Talbot, of Easton, his father, came to the city and had the remains moved to Easton. Deceased was 38 years old and leaves a wife and family in Denver, where he has lived for a number of years. He was connected with St. Anthony's Hospital.

Dr. J. S. B. Alleyne.—The medical profession of St. Louis mourns the loss of one of its oldest and most esteemed members, Dr. Jeremiah S. B. Alleyne who died, May 2, very suddenly at his home. He had retired feeling unusually well. He had spent the evening visiting his old friend, Dr. J. P. Litton. He walked home, and when he reached his residence was in excellent spirits, though complaining of being somewhat fatigued. He retired as usual, and arose about 5:30 to get a drink of water. He then returned to bed. At this time his wife asked him if he was unwell, and he replied that he was not. At 7 o'clock Mrs. Alleyne arose and attempted to awaken her husband, only to find him dead. Dr. Alleyne was born in Boston in 1826, and came to St. Louis in 1839. He was enrolled as a student of St. Louis University in 1842, receiving the degree of A. B. three years later. Upon the completion of his academic education he entered the St. Louis Medical College, from which he graduated in 1848. He has been practicing medicine in St. Louis ever since. He was a member of the faculty of the St. Louis Medical College for twenty years, and dean of the college for ten years. He was subsequently connected with the Beaumont Medical College. He was Dean of the Barnes Medical College at the time of his death. Dr. Alleyne leaves a wife and one daughter. The latter is Mrs. Fred M. Von Schrader, wife of Capt. Von Schrader, U. S. A., now stationed at Louisville, Ky. Dr. Alleyne was universally liked as a physician, medical teacher and citizen. His sincerity, politeness and affability won him the hearts of all that came in contact with him and his departure has caused an irreparable vacancy in the ranks of the St. Louis medical profession. To the last day of his life he took an active interest in all matters pertaining to his profession which he loved and held high. He will continue to live in the memory of his many pupils, friends and colleagues.—*Med. Review.*

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NEWS AND MISCELLANY

Married.—Miss Laura Mumford and Dr. Clifton Covert, were married at the home of the bride's mother, Table Rock, Neb., May 15th.

Pinard claims that when, in the sixth month of pregnancy, pain is produced by placing the hand on the fundus uteri, a breach presentation may be confidently expected.

Such is Fame.—*The Woman's Medical Journal* spoils a pretty editorial by designating Dr. Porter as editor of the *Buffalo Medical and Surgical Journal*, instead of Dr. Wm. Warren Potter.

Not the Sign he was Looking for.—A good natured Irishman rushed into the office of a broker one day, wearing an anxious expression on his face, and asked "Have you a closet handy, Oi d'now; Oim quite unaisy, sir!" He was directed out the back door, and told to turn to the right, where he would see the sign. Having occasion to step outside himself in the course of a few moments, the broker found his guest squatting alongside of the wall of the office. With an expression of anger, the broker asked Pat why in thunder he did'nt follow instructions and go to the closet. "Begorra," says Pat, "that sign says 'urinal,' and indade, sir, I had to have an arsenal!"

Prof. Karl Ludwig, the eminent physiologist, died April 27th at Leipsic, Germany. He was born in 1816, at Witzenhausen, and studied medicine in Marburg and Erlangen. In 1841 he was made demonstrator, and in 1846 professor of anatomy at Marburg. In 1849 he was called to the chair of anatomy and physiology at Zurich, and in 1855 he became professor of physiology in Vienna. He took the chair of physiology at Leipsic, which he held at his death, in 1865. Prof. Ludwig discovered the kynographic method for the study of blood pressure. Among the best known of his writings are, "The Gas of the Blood," "The Structural Conditions of the Heart, Liver, Kidneys, and Other Internal Organs," and "The Secretions of the Kidneys."

Conception.—The menstrual cycle, if it may be so termed, consisting of 28 days, usually, and embracing time of menstrual flux and intervening days, may be divided into two periods, viz., a genetic and an agenetic period. The genetic period embraces the first 18 days of the menstrual cycle. During this period conception is most likely to occur. If conception occurs within the first third of this period, the parental vigor being equal or nearly so, the child will be a girl; but if conception occurs within the last third the child will be a boy. Within the second third, the earlier or later the period in which conception occurs will govern the sex approximately. The agenetic period embraces from the 19th day to the close of the menstrual cycle. Within this period conception rarely occurs.—*Medical Brief.*

Doctors as Companions.—Mr. James Payn pays a neat tribute to the doctor, in a recent issue of the *Cornhill Magazine*. "Upon the whole, and for a 'scratch' companion, I prefer a doctor to a man of any other calling. He may not be very good as a conversationalist, but he is rarely very bad—like a cheroot. He has had a genuine experience of life, and has seen down to the depths of it; a sick man does not attempt to deceive his doctor, or put the best face on his character, as he does with a priest. Moreover, what is very unusual, your doctor knows more about you professionally at all events, than you know about yourself. He does not tell you about it, it is true; not a word of that aneurism you carry about with you, and which will some day kill you in half a minute, but your consciousness that he may possess such knowledge makes him interesting. The best suggestions I have had made to me for plots for my novels have come to me from doctors, to whom I have also had cause to be grateful for many things."

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Child Insurance is now prohibited by the State laws of Rhode Island.

Influenza in England.—This disease, which is now on the decline, claimed 473 deaths in one week, in London alone.

Medical Press Exhibition.—It is proposed to hold a universal medical press exhibition, in connection with the International Medical Congress, at Moscow next year. Dr. Idelson suggests that a catalogue be prepared, containing full information concerning all medical journals in the world.

In Hard Luck.—The diplomas of the College of Physicians and Surgeons Keokuk, Iowa, and the Northwestern Medical College, of St. Joseph, have been refused recognition by the respective Boards of Health. This is the second time the latter school has failed to meet the requirements of the Board. It graduated a class of fourteen this Spring.

To Remove a Fish-Bone From the Throat.—Give about four to six ounces of milk to drink. In forty minutes give an emetic dose of *sulphate of zinc.* The milk goes down in a fluid state, and easily passes the obstruction; by a short stay in the stomach it becomes coagulated into a more or less solid mass, and on coming up forces the bone before it.

Medicine, the new Davis magazine made its appearance in Detroit last month, and presents a very creditable appearance, with the exception of its cover, which is entirely too sombre an exterior for so bright and interesting a monthly. Dr. Harold Moyer's name appears at its mast-head, as editor, but, save the book reviews, no evidence of Dr. M's faber is discernable in the issue before us. Perhaps the mss. was lost en route from Chicago to Detroit; or can it be that Dr. Moyer aims at an originality in not making the profession a "bow" in his first issue?

Cheaper Medical Services.—The New York Life Insurance Co. is endeavoring to reduce the examiners' fees, and the *Atlantic Medical Weekly*, in entering a very sensible protest, concludes: "The examiners' blanks have increased in size and number of questions, until what was fifteen years ago the task of a few moments is now one of an hour, to say nothing of the time required for urinal analysis. If the company wishes industrial insurance, it can probably get examiners for 50 cents, and thus be able to add a little more to the meagre salary of the president."

The Barber's Pole.—The red and white pole which barbers use to advertise their business is said to be but a memorial of the days when it had an actual use. It dates from the time when a barber was also something of a surgeon, inasmuch as he performed the operation of phlebotomy. In relieving the patients of superflous blood he obtained from them such co-operation as they could give by grasping a pole, whereby a more ready flow was secured. As the pole was in danger of being sprinkled with blood, it was commonly painted red. To this and to the practice of twisting the white bandages about it when it was not in use, barbers at a later day owe their conception of the poles painted in stripes.

A Slight Mistake.—A western editor had just completed an elaborate criticism of a very popular young actress, who was playing her first engagement in the city, when a telephone message informed him of her sudden and serious illness. The editor after carefully listening to the informant's report, and finding it was too late to make an extended notice, merely added at the bottom of his article the following: "P. S.—We are sorry to be compelled to state that immediately after the performance last evening, Miss B—— had a chill, and her recovery at this writing is very doubtful." Imagine the editor's consternation the next morning to read that the cold, merciless type-setting machine had transformed the word "chill" into "child." The editor has our heartfelt sympathy in being separated from his family and home by a vindictive, pursuing theatrical manager.

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ITEMS OF INTEREST.

Massage of the Bowels, is the best remedy for constipation in infants.

Sir Joseph Lister will preside at the annual meeting of the British Medical Association, in 1896, at Liverpool.

Discovery of Anæsthesia.—The honors of this valuable discovery still seems to rest uneasy upon the head of the statue of Dr. Horace Wells. According to the *British Medical Journal*, the honor belongs, at least jointly to Sir Humphrey Davy, while other authorities concede the claim to Drs. Morton, Long, Jackson, Simpson, et al.

The Cost of It.—Getting born costs the people of the United States $225,000,000 annually; getting married, $300,000,000; getting buried, $75,000,000; getting insured costs but little, but every physician who does it immediately increases his estate by the amount represented by the face of his policy, and he owes it to his family to do it.—*Medical Examiner.*

Small- vs. Chicken Pox.—The Health officer of Detroit is in trouble for having reported to the Board of Health, cases of chicken-pox which had previously been diagnosed as small-pox by some of the best physicians. This reminds us of a funny circumstance occuring in St. Joseph a few years since, when our city physician was himself stricken down with small-pox while loudly protesting to the Board that not a single case existed in the city.

Another Victim of Dr. Duestrow's Crime.—Rose Fatelle, the servant girl employed in the household of Dr. Arthur Duestrow, the St. Louis millionaire who murdered his wife and son last year, has gone insane as the result of seeing the horrible crime committed. She was present when Duestrow brutally and without provocation shot his wife and boy, and the sight has so preyed on her mind as to unbalance it. She will be sent to an asylum. Her type of insanity differs from that of her former master's, in that it needed no "expert" testimony to deprive it

A Patient for the "Neatest Circumciser."—A story is told of a good woman who joined the Methodist Church, but after a while she became dissatisfied and went to a Baptist pastor, and he immersed her and she joined the Baptist Church. After a while she came tearfully and sorrowfully to see her Baptist parson, and she said, "Oh pastor! pastor!" He said, "Why my good sister, what's the matter now? You've been sprinkled, and you've been immersed. What else do you want? "Oh, pastor!" she said; "oh, pastor, I feel that something more is necessary. I want to be circumcised!"

An Honest Editor.—The West Virginia *Journal of Medicine and Surgery*, can boast of an honest editor, at least, judging from the heading displayed in its April issue, "Editorial and Reading Notices." Other journals may ring in an occasional "reading notice" in a position outside of its proper realm, but it remains for the *Journal* to classify its Editorials and puffs under the same caption, exhorting the medical brethren of West Virginia to use their influence with the State legislators in the interest of the regular profession with one breath and urging them to prescribe "Pil Orientalis" and "Hayderis Yebumen Compound" (?) with the next.

The Mirror and Its Reflections.—The talented and versatile editor of *The Medical Mirror* recently cast a "reflection" on the few enterprising medical journals that insert engravings of the "female form divine," and claims that the practice is "an offense against all decency," etc. If this sentiment expresses the editor's dictates of conscience at the present time, what a miraculous transformation must have taken place since the doctor posed beside a nude female figure in "The Triumph of Love o'er Science," a reproduction of which appears in a book sold to the public? Verily, "Consistency, thou art no fit companion for love."

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SOCIETY NEWS.

The Indiana State Medical Association meets at Indianapolis, June 6–7 Frederick C. Woodburn, M. D., Sec'y.

Missouri State Pharmaceutical Association meets at Excelsior Springs, June 11-14, and the pill-rollers are practicing with their "smellers" and "muscles," preparing for the various contests.

The Mitchell District Medical Society will hold its semi-annual meeting at West Baden Springs, Indiana, on July 5 and 6. A good program has been prepared, and the hotel accommodations are excellent.

The Rectal Railway System.—That a peculiar condition of affairs exists on the great Missouri Pacific system is shown by Chief Surgeon Outten's recent report. Out of 170,570 cases treated in the company's hospitals, 64 per cent were rectal troubles. We would suggest a compulsory "closet reform."

Railway Surgeons Elect Officers.—At the meeting of the National Association of Railway of Surgeons, in Chicago, May 2-4, the following officers were chosen: President, Dr. J. B. Murphy, Chicago; Secretary, Dr. Emmett Welsh, Grand Rapids; Treasurer, Dr. E. R. Lewis, Kansas City; Vice-presidents, Dr. W. B. Rogers, Memphis, Tenn., Dr. A. D. Bevan, Chicago, Dr. E. F. Beasley, Lafayette, Ind., Dr. H. Logan, The Dalles, Ore., Dr. Geo. Graves, Herkimer, N. Y., Dr. P. F. Vasterling, St. Louis, Dr. A. C. Scott, Temple, Texas. Cincinnati was selected as meeting place in 1896.

School of Pharmacy of Northwestern University, Chicago.—Illinois College of Pharmacy, Chicago, has added to its faculty two strong men of national reputation, Mr. Henry Kraemer, well known to the pharmacists of this country as the reporter on progress of pharmacy of the American Pharmaceutical Association, and Mr. Jno. B. Nagelvoort, whose name is familiar to the readers of current pharmaceutical and chemical literature. These gentlemen are both apothecaries, and distinguished for their ability and their active participation in the scientific work of their profession.

Kentucky State Medical Society.—The fortieth annual meeting of the Kentucky State Medical Society will be held in Harrodsburg, commencing Wednesday and continuing Thursday and Friday, June 12, 13 and 14, 1895. We desire a large attendance and a full program. Harrodsburg, the oldest town in the state, will not be outdone by any of her sister towns who have entertained the Society. The Committee of Arrangements will do all in its power to make the fortieth annual meeting the most popular and successful one in the history of the Society. Reduced railroad and hotel rates will be secured. Any information will be cheerfully furnished by the Secretary, Dr. Steele Bailey, of Stanford. Harrodsburg is not only the oldest in the state, but enjoys the distinction of holding within its corporate limits as much beauty, wealth and culture as can be found in any city of its size.

College Editions.—With the next number THE HERALD will begin its regular annual special editions for the medical colleges, and already a number of the best schools have engaged space. These extra editions have become very popular during the past few years, and the results have been most satisfactory to the colleges represented. Three extra issues of ten thousand copies each, are mailed during the months of June, July and August, completely covering the states and territories west of the Mississippi river. As the expense of these editions is borne by the colleges, of course the number of copies will increase as the patronage grows, thus offering additional inducement to every school to add its mite—the rate never increasing but remaining the same—half price. Our regular patrons, realizing the benefit of the increased circulation, with no additional expense, can render THE HERALD a favor by recommending its College Specials to those institutions not already acquainted with them.

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THE MEDICAL HERALD

MEDICAL HERALD COMPANY, - - - - PUBLISHERS.
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ALL matter pertaining to this department, or concerning advertisements, to insure prompt attention should be addressed to the Business Manager . . . . . .

THE HERALD'S circulation being among a class of physicians who PAY THEIR SUBSCRIPTIONS (and consequently READ each issue), this journal naturally offers the best opportunity to those advertisers who desire to reach the thrifty and progressive practitioners of the West and South.

Publishers' Bureau.

THIS DEPARTMENT will be devoted to such notices and comments as the Business Editor may feel inclined to make of deserving and meritorious preparations, and such items of news concerning new goods as will prove interesting to our readers. Practitioners are particularly requested to send us brief facts concerning the success of preparations advertised in THE HERALD, as demonstrated in their practice, and we will always be glad to give space in our Original Department for extended reports of clinical cases. Practices for sale, or notices of removal, not exceeding ten lines, will be inserted FREE three times for subscribers. Always state reasons for selling.

The Dead Advertise Not.—*Medical Age.* Moral: Advertise and Live.

Celerina should be tried in lumbar pain, frequent micturition and intestinal indigestion.

Empty Capsules (Parke, Davis & Co's.,) have never been excelled. They are made of the finest gelatin, are superior in finish and uniform in size. Another and very important point—caps and bodies are perfectly joined insuring absolute protection against leakage. A sample package will be forwarded to any physician sending a postal.

Not Everything.—Teacher: "It was very kind of you to bring me this big apple, Willie." Willie: "Yes'm. I got one for mamma and one for you." Teacher: "And that is n't the first time you remembered me along with your mother. I guess I must have had everything she has, haven't I?" Willie: "No'm; not everything. Mother's had twins."

Anti-toxin Serum.—We are pleased to advise our readers, that the firm of H. K. Mulford Company, Philadelphia and Chicago, are now in position to fill orders for a reliable and thoroughly standard article of diphtheria anti-toxic serum. Early in November 1894 the firm of Mulford Company in order to guarantee their patrons and the medical profession of America a thoroughly reliable diphtheria anti-toxine serum, and at the earnest solicitation of many of the leading consultants established a biological department for the production of anti-toxine and allied products at 3907-9-11 Egglesfield St., Philadelphia, equipped without regard to expense, is under the direction of Dr. Jos. McFarland, lecturer on bacteriology, medical department of the University of Penna. The horses are under the supervision of Dr. Leonard Pearson, professor of theory and practice of veterinary medicine University of Penn. The standarding of their anti-toxine is not only carried out in their own laboratory but is also confirmed by the department of hygiene of University of Penna., each package being dated and stamped with its strength being expressed in immunity units. Mess. Mulford company will be pleased to have the medical profession inspect their biological laboratory on the first Tuesday of each month from 3.00 to 5.30 P. M., or at other times by request, cards being issued from their office on application. Not only is the enterprise of this firm to be commended but the efforts they have made to place this article above a commercial product in having their product tested by disinterested and reliable authorities protects the profession and it speaks well for the confidence which the firm has in their preparation.

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Serum Manufacture.—California takes the lead in this direction, being the first State in the Union to make an appropriation for the production of diphtheria antitoxin.

Remove the Cause.—If your patient is pale, weak, nervous, irritable and losing flesh, he is suffering from malnutrition, "caused by" indigestion and malassimilation; remove the cause by giving two fluid drachms of Seng before each meal.

Map of the World.—We are in receipt of a neat wall map, showing both the old and new worlds, according to the latest authorities. This makes a valuable addition to any doctor's office, and a copy may be obtained by addressing the Kio Chemical Co., St. Louis.

Why?—A puzzle for pathologists is the fact that during the visitation of cholera to Paris the epidemic has always been most fatal to persons living above the second story.—*Med. Age.*

Perhaps this fact will account for the great struggle in this country "to get in on the ground floor!"

Free.—R. W. Gardner, Pharmaceutical Chemist, New York, makes an excellent preparation of hydriodic acid, and chemically pure hypophosphites, samples of which he will send to any physician on the receipt of his professional card. His address is 158 William, New York. Here is an opportunity to obtain reliable preparations of these remedies.

The Globe Nebulizer recently received a favorable mention in the *London Lancet*, special reference being made to the small amount of solution which is required to work the apparatus, and also to the fact that various resinous or balsamic preparations can be successfully used, this being impossible in the ordinary instruments on the market. This instrument receives very favorable comments from the medical profession both in this country and abroad. It is manufactured by the Globe Manufacturing Co., Battle Creek, Mich.

The Pasteur Institute of Chicago—In his annual report Dr. Lagario states that since the Institute was opened in 1890, preventive treatment has been used in 366 cases, as follows: 341 were bitten by dogs, 9 by horses, 7 by cats 5 by skunks, 2 by wolves, 1 by a mule, and 1 by a pig. The resulting mortality of 0.54 per-cent (there being but two deaths) is extremely gratifying. The institute will thankfully acknowledge any assistance or donations from private individuals or institutions contributed for the relief of the poor.

Removal.—To accommodate a largely increased business Messrs. Wm. R. Warner & Co. have removed their New York Branch to the more commodious and convenient quarters, at No. 52 Maiden Lane. This became imperative, the space at their former salerooms having at last become inadequate to admit of the proper conduction of their largely increased business. There will constantly be on file a complete list of the leading medical and pharmaceutical journals of the United States, and a cordial invitation is extended to the profession to consult them at any time.

Pineoline in Erysipelas.—My experience with Pineoline proves that it will cure erysipelas as well as eczema and hemorrhoids. A case of erysipelas of the face in the case of a woman of 55, was cured in one week's time. I applied the ointment well over, and beyond the inflamed area and kept the part constantly protected. I cannot say that the result was surprising, for one familiar with the remarkable properties of Pinus Pumilio must be prepared for surprising results. It allayed the itching and burning, preventing the formation of bullæ, and caused prompt resolution. As an antiseptic and anodyne application Pinus Pumilio (Pineoline) is unexcelled. G. H. THOMPSON, M. D., Prof. Materia Medica, Col. of P. & S.

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Surgical Chair.—Any doctor in need of a first class operating chair, can secure a bargain by addressing RETIRED, care MEDICAL HERALD, St. Joseph, Mo.

Your Sister or somebody's else's sister would appreciate the *Ladies' Home Journal*, or *Munsey's Magazine*, for a year. We furnish either, clubbed with THE MEDICAL HERALD for $2.50,or all three for $3.50.

Dr. Charles Day, M. R. C. S., etc., 79 St. Mark's Square, West Hackney, London, writes, on January 17th, 1895: "I have prescribed your preparation, Iodia, with very satisfactory results. Its power of arresting discharges was very manifest in a case of leucorrhea, and another of otorrhœa. In the latter case, the result of scarlet fever in early life, the discharge had existed for many years. The patient could distinctly feel the action of the Iodia on the parts, and the discharge gradually dried up.

Hepatic Congestion.—"I have for a number of years been subject to periodic attacks of hepatic congestion, and, after going the usual rounds without much benefit, I determined to try Peacock's Chionia. I am free to say that the results obtained from the use of two bottles were eminently satisfactory. Prior to its use my urine was very light colored and it was gratifying to see it return to its normal condition. The sclerotic change was also very perceptible. Peacock's Chionia is a frequent ingredient of my prescriptions. I have had remarkable results from its use. J. PIERCE ROBERTS, M. D., Shenandoah, Pa.

Why Not Try Them Doctor?—Dr. I. S. Weyand writing to the Abbott Alkaloidal Co., says: "It affords me great pleasure to express myself as having most satisfactory results from the use of the alkaloidal granules of your manufacture. I find my patients come back to me for medicine when necessary, instead of going again and again to the drug store with a prescription number to be refilled. It is a great convenience to carry such a variety of pleasant remedies in so small a package as a pocket case. I read the "*Alkaloidal Clinic*" with both pleasure and profit to myself and to know my patients are greatly benefited thereby.
Belle Fourche, S. D. I. S. WEYAND, M. D.

A Worthy Preparation.—Perhaps no remedy has enjoyed such an increased amount of success as the old reliable Dr. Hayden's Viburnum Compound. Many of the old and greatest members of the profession have discarded the other preparations in its favor for the ailments of women and obstetric practice. No accident ever occurred from its administration. With Dr. Hayden's Compound one can secure prompt and immediate action in all cases. In addition to the safety of its administration and its reliability, it is most agreeable to the patient. When a preparation has been upon the market for a quarter of a century and has given the best of results, its medicinal virtues can not be disputed. Dr. Hayden, whose brilliant career as a practitioner of medicine and a medical writer is well known to our readers, gives his personal attention to the manufacture of his article and as a result it continually increases in sales.

Antiseptic Treatment of Typhoid Fever.—In a recent paper Dr. Elmer S. Lee concludes as follows: "The use of peroxide of hydrogen as an internal remedy has been opposed by some of my patients, owing to the disagreeable metallic taste. This objection was partly obviated by the use of large dilution with water, but still not to my entire satisfaction. Since reading this paper, a new antiseptic remedy called 'hydrozone,' has been received and examined already sufficiently, to promise relief from the objections against peroxide of hydrogen for internal use. Hydrozone has now been substituted by me instead of peroxide of hydrogen. First, on account of its greater bactericide power, as it requires but half the quantity of the hydrozone to obtain the same result, and secondly, the taste of this remedy is not disagreeable to the patient."

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Catalogue.—The J. Ellwood Lee Co., of Conshohocken, Pa., have issued a handsome catalogue of physicians' goods, that will be sent free to our readers upon application.

What did he Mean?—The following advertisement appeared in one of our daily papers: "Wanted—A gentleman to undertake the sale of a patent medicine. The advertiser guarantees it will be profitable to the undertaker."—*Truth.*

The Herald's Premium List is the best ever offered to western physicians, and the subscriptions are rolling in at such a rate that our limited supply will soon be exhausted. If you need anything in the list now is the time to get it free of charge. All premiums warranted to be first-class.

Cystitis and Metritis.—W. Warwick, M. D. King's Coll. Aberd., M. R. C. S. Eng. 1851, L. M. Roy. Coll. Belf. 1849, etc, Belfast, Ireland, says: "I have given Sanmetto a very good trial in cystitis and metritis, and the results have been most satisfactory. I do not know another remedy which I can rely on for such uniform good results in affections of the genito-urinary organs."

Free of Charge.—The therapeutical applications of Peroxide of Hydrogen (medicinal), Glycozone and Hydrozone, by Charles Marchand, Chemist. Ninth Edition. This book of 200 pages, which contains all information on the subject, with reprints of elaborate articles by leading contributors to medical literature, will be mailed to doctors mentioning this publication. Send full address to Charles Marchand, 28 Prince St., New York, and refer to THE MEDICAL HERALD.

Sander & Son's Eucalypti Extract (Eucalyptol).—In the article treating on inhalations of eucalyptus in cases of diphtheritis (Berlin *Klin. Wochenschrift*, 1876, No. 21) by Prof. Dr. Mosler, Director of the Medical clinic of the University at Griefswald, it is stated: "The oleum eucalypti folies, I employed in my tests, I received through Holzle & Chelius, Frankfort-on-the-Main; it must not be mistaken for the more frequently offered oleum eucalypti australe which is obtained from the wood of the eucalyptus trees. This latter oil is used commonly for mechanical purposes and has a far cheaper price; it is, however, no longer applied by me as an internal medicament." We certify that the oleum eucalypti folies named in the Berlin *Klin Wochenscrift*, 1879, No. 21, and there mentioned to have been procured from us, was the product of Messrs. Sander & Sons, Sandhurst, Australia. Holzle & Chelius, Frankfort-on-the-Main, Agents.

Lycetol-Antiarthritic.—Lycetol is the tartrate of dimethylpiperazine and appears to be fully as effective as the base piperazine. Aside from the pronounced action of the latter as a uric acid solvent a favorable therapeutic effect can be anticipated from this preparation because its other component consists of tartaric acid which in the system becomes converted into a carbonate and renders the blood more alkaline, besides exerting a diuretic influence. According to the theory accepted by many physicians as to the nature of gout, there is no increased formation of uric acid in this disease, but the blood of gouty persons is only faintly alkaline and therefore less capable of holding uric acid or the urates in solution. By the administration of this tartrate of a piperazine derivative, therefore, the combined effects of its components are secured. Lycetol possesses the additional advantages of having an excellent taste and of being non-hygroscopic. Its aqueous solution has an agreeable acid taste and does not excite repugnance when administered for a prolonged period. Dr. Wittzack who has employed Lycetol in a number of cases of uric acid diathesis with satisfactory results, observed a considerable increase of the secretion of urine after its administration. The remedy was well tolerated without producing any disturbance of the general health, and under its use the gouty symptoms subsided, and recurrence was prevented, and a considerable diminution of urinary gravel occurred. Dose 1. 0. Gm. pro die.

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Expert Evidence is the title of an interesting new page in this issue, from the Palisade Mfg. Co., Yonkers, New York.

Tape-Worm.—Dr. Robert Bartholow reports a case of Tæmia in the *Med-News*, Oct 6th, '94, in which, after the most reliable remedies had failed, papain succeeded in removing a monster twenty-five feet long.

True.—Circulations, like metals, have their qualities and values. An ounce of gold is worth more than a pound of brass. A small ad. in a journal of high-class circulation is worth two pages in a "cheap" sheet.—*Woman's Medical Journal*

Lost! An Amick Consumption Combine Suit.—More than a year ago this so-called company of quacks brought suit against Dr J. R. Reeves, of Chattanooga, for publicly exposing the fraudlent character of their business. This suit has just been tried in a court of record. On the 11th of April the case went to the jury, and in less than two hours a verdict was rendered in favor of the defendant, and the costs taxed upon the plaintiff. Congratulations are extended to Dr. Reeves. —*Lancet-Clinic.*

Carnrick's Soluble Food.—A perfect food for infants is constructed upon the strictest physiological principles. It is prepared from powdered cow's milk and dextrinized wheat. Thousands of children have been raised on this food when mother's milk, cow's milk and the various other "infants' foods" have failed. Being a perfect food in itself, the only preparation needed is the addition of water. Generous samples will be furnished on request to any physician who mentions this journal. REED & CARNRICK, 124 South Fifth Ave., New York.

Decoration.—The grand decoration bestowed upon William R. Warner & Co. by the Belgian Government has just been received by the firm. It is an additional tribute for the excellence and superiority of the firm's ready-coated pills and other pharmaceutical products, for which the house has a great name. The decoration is of the most beautiful, in gold and white enamel, taking the form of a Maltese cross, on the centre of which is the inscription. A wreath in gold surmounts the cross, the whole being topped by ribbon, tied in a bow of the national colors. The design is very pretty and the recipients are, of course, delighted over the award and the form it has taken.

Russia's Empress Gains Strength.—The producers of "Mariani Wine" (Vin Mariani) should, according to report, soon have a splendid market in Russia for their nerve and brain tonic, as the Dowager Empress has, at the suggestion of the Princess of Wales, drunk it since the death of her consort, with the most remarkable and beneficial results. It seems that Her Majesty is one of the many delicate persons with whom stimulating drugs like quinine, iron and Peruvian bark disagree, but such is not the case with the wine tonic referred to. It is well known that the Princess of Wales also derived increased strength of brains and nerves from it during her last great trials. Morever, in consequence of the benefits obtained by the Princess, a great demand for this tonic has sprung up among ladies of Russian aristocracy suffering from "nerves."—*The Court Journal*, London, Jan. 12, 1895.

A Remedy for Whooping Cough.—The practice of taking children suffering from whooping cough to the purifying rooms of gas works led to an effort to find the causes which effected relief. Cresolene is the resulting product; a chemically pure distillate from coal tar of a greater antiseptic power than carbolic acid. Vaporized in a close room cresolene will cure the most severe cases of whooping cough. The beneficial effect is often almost immediately noticeable. The odor of cresolene is not unpleasant and it may be inhaled for any length of time without harm to the youngest child. Cresolene is used with success as a remedy or preventive in diphtheria, scarlet fever, asthma, croup, catarrh, bronchitis, etc. The vaporizer is simple, compact and inexpensive, as the vaporization is effected by means of a kerosene lamp. Cresolene owing to its great antiseptic power and the way in which it is used is a valuable assistant as a preventive or remedy.

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THE MEDICAL HERALD

A PRACTICAL MONTHLY JOURNAL OF THE MEDICAL SCIENCES.

HIRAM CHRISTOPHER, M. D., Editor.

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[EXCLUSIVELY FOR THE MEDICAL HERALD.]

Fourteen Years Work in Abdominal Surgery, With Report of Forty Cases.

BY J. H. VAN EMAN, M. D., KANSAS CITY, MO.

Professor of Diseases of Women in the Kansas City Medical College.

READ BEFORE THE WESTERN ASSOCIATION OF OBSTETRICIANS AND GYNECOLOGISTS, OMAHA, NEBRASKA, DECEMBER 27TH, 1894.

IT HAS been suggested to me that my experience in abdominal surgery might be of some interest to the profession. Hence this paper. In order not to make the paper intolerably long and, therefore, tiresome, I will notice each case as briefly as possible, taking them in something of a chronological order.

Case I. February 5. 1880. Mrs. R., aet. 36. Married, but no children. Has had pelvic trouble for 16 years. Has had all kinds of treatment, without any good results. Has had a spasmodic contraction of the internal illiac and psoas muscles, rhythmic in character and lasting for hours, unless controlled by chloroform. These attacks for a long time occurred only during the menstrual period, latterly the attacks followed a movement of the bowels or exertion of any kind. Removed ovaries. Tubes not disturbed. Convalescence very slow, but complete. Menses never returned. Has had very fair health for the last thirteen years. The jerks, as she called her attacks, disappeared. She grew quite fleshy. Hospital case.

Case II. Miss H., aet. 35. Single, white, invalid for more than ten years. Confined to her room almost half of her time. Fearful dysmen-

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orrhea, cervical endometritis. Has never derived benefit from any treatment. Operated upon January, 1882. Both ovaries removed with thermo-cautery. No ligatures used. Had a very severe attack of general peritonitis. Was not able to walk much for almost a year. Menses reappeared at the end of 11 months, but without pain. Saw her a few weeks ago. Still thin in flesh but in fairly good health and enjoying life. Private house.

Case III. Maggie, aet. 21, single. Has very severe attacks of hystero-epilepsy during menstrual periods; occasionally has fits during inter-menstrual periods. Operated April, 1882. Severed ovary ligaments with thermo-cautery. Hemorrhage came on shortly from both stumps; had to bring them out again and ligate. Considerable violence used. Had to put in a drainage tube. Pelvic suppuration occurred and patient died of pyemia after a lingering illness, during which she had frequent epileptiform seizures. Hospital patient; surroundings poor. Have never trusted to thermo-cautery since.

Case IV. Mary, aet. 23, single. Hystero-epileptic during menstrual periods. Operated in 1882. Left ovary easily found, ligated and removed with tube. After persistent attempts, failed to find either right ovary or tube. So much oozing that a drainage tube was used. Very free hemorrhage occurred a few hours after operation which was stopped by flushing with hot water. After removal of drainage tube the wound failed to close at the lower angle. Pelvic suppuration came on and finally a fecal fistula occurred. Patient lived about two moths, dying from exhaustion and pyemia. Hospital case; surroundings not good. The incision in these four cases was closed with silver wire.

Case V. Mrs. B., aet. about 50, widow. Had a tumor in the left inguinal region for several years. In the last few months she has suffered intensely and has had great trouble to keep her bowels open. Tumor on the left side the size of a fetal head. Very tender on pressure. Diagnosis made by several, of ovarian fibroid. The patient was prepared for operation. In the 24 hours preceding it she had a very severe attack and was all but moribund. On section, the growth proved to be a pedunculated uterine fibroid. It was tied off and removed. No hemorrhage. Patient never rallied and died in a few hours from shock. Hospital case.

Case VI. Miss C., aet. 17, single, white. Has had a tumor for about a year. An attempt to tap it was made a few weeks previous to the operation. No fluid found. General condition very bad. Fever, prostration, and very rapid pulse. Friends informed that the chances were very poor. It was decided to give her a chance for her life. The operation was made October, 1884. When brought to the table she was profoundly etherized. Section showed an immense and breaking down blood clot filling the whole space between the anterior surface of the tumor and the abdominal wall. Not much trouble with adhesions. The tumor, which had its origin in the right ovary, was tied off and removed with but little loss of blood. She died on the table, very largely from the effect of too much ether I shall always believe. Tumor semi-solid, weight 40 pounds. Private house.

Case VII. Miss S., aet. 22. Dysmenorrhea that for seven years has resisted all treatment and made her life wretched, keeping her in bed for

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fully half of her time. When she menstruated the last time 3½ grains of morphine was used in 12 hours without perceptible effect. Operated December 18, 1884. Removed for the first time both tubes and ovaries. Ovaries cystic and cirrhosed. Convalescence uneventful. Saw her two and one-half years later in perfect health and she said just as much of a woman as she ever was. The trouble with her eyes which she had before the operation, remained after her recovery. Menses never reappeared. Private house.

Case VIII. Mrs. K., aet. 40, married, never pregnant. Has had an enlargement of the womb beginning 3 years ago. Diagnosis intra-mural uterine fibroid. Operation November, 1884. Found the ovaries far down on the sides of the uterus. No adhesions. Removed ovaries and tubes on both sides. Uuterus came up to the level of the umbilicus. Convalescence uneventful. One year later she was very nervous. The abdominal walls thin and greatly inclined to be distended with gas, leading her to fear another tumor. On examination I found the uterus lying in the true pelvis and the size of a small goose egg. Hospital case.

Case IX. Mrs. —, aet. 36. Married, mother of 6 children. Tumor first noticed a little over one year ago. Operated November, 1885. Multilocular cyst left ovary, weight 30 pounds. Right ovary healthy and left "in situ." Had absolute suppression of urine for 12 hours on the second day with complete coma. Went home in four weeks and perfectly recovered her health. Hospital case; surroundings good.

Case X. Miss B., aet. about 35. Has a very large and very hard abdominal tumor, supposed to be ovarian. Exploratory incision, 1885. Nothing wrong with the ovaries. Descending colon in front of the tumor. Tumor proved to be a cystic sarcoma of the left kidney, weighing 45 pounds when removed at post-mortem two days later. Private house. Died from exhaustion.

Case XI. Mrs. —, married, no children, aet. about 27. Had a long and severe attack of what was called pelvic cellulitis which left her an invalid. Operated in 1885. No adhesions. Both tubes and ovaries removed. Both ovaries had been converted into sacks of pus. Uneventful convalescence. Found her in the kitchen getting supper the 27th day. Private house.

Case XII. Mrs. O., aet. 32. Married, two children. Has had no health for about four years, since the birth of the last child. Ovaries large, tender, prolapsed and fixed in Douglas cul-de-sac. Operation October, 1886. Adhesions easily broken up. Tubes and ovaries removed. Uneventful convalescence. Private house.

Case XIII. Mrs. H., aet. 30, married, no children. Has had continuous bloody discharge from uterus for 12 years. Has a dark, fleshy looking mass protruding from the os uteri. This has been removed with serrated spoon curette four or five times, and each time promptly returns. Uterus extends to the umbilicus. On the left side is a movable tumor the size of a large hen egg. Made section October, 1886. The small tumor proved to be an ovarian cyst. Appendages removed on both sides. Two months later a large fleshy mass was expelled with great pain. A year later she

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writes me there is no further return of the discharge, and her health is perfect.

Case XIV. Mrs. —, aet. 30, married, no children. Has a large mass filling up the pelvis, with soreness all the time and frequent paroxysms of horrible pain with fever and prostration, which has led to a very free use of morphine. Made section December, 1886, with very inadequate assistance. Found everything in the pelvis fused together, and on the left side a cyst of the broad ligament which I was able to enucleate. On the right side an immense abscess which I was unable to separate from its adhesions. I therefore stitched its walls to the edge of the incision, introduced a drainage tube and irrigated thoroughly. She recovered from the operation but did not regain her health. When last seen she still had a fistulous opening communicating with the abscess sac.

Case XV. Mrs. R., aet. 32, married, two children. Has had endometritis for several years. Excessive pain at every menstrual period. Exceedingly nervous. Diagnosis chronic ovaritis. Section made January, 1887, ovaries cystic. Both removed. Convalescence a little tedious but uneventful. Menstruation never reappeared. Private house.

Case XVI. Mrs. N., about 30, married, no children. Has a tumor the size of a large hen egg in the right inguinal region, which gives much pain, particularly when it moves. Section made October, 1887. No adhesions; perfectly clean operation. Tumor ovarian fibroma. This patient did well till the third day, when her abdomen became distended. She was very restless and had much pain. But little rise of temperature. Ordered a large dose of calomel at 3 P.M. Found on my return to the hospital at 9 P.M. that it had not been given till a few minutes before I came in. Patient died about midnight. Hospital case. This patient should have gotten well and I shall always believe that the failure to get her bowels open was the cause of her death.

Case XVII. Mrs. M., aet. 32, married, never pregnant. Diagnosis pediculated sub-peritoneal uterine fibroid, also intra-mural uterine fibroid. Section in October, 1887. Pediculated tumor ligated and removed. The intention was to remove the appendages, but they were so intimately blended with the enlarged uterus that it was decided not to attempt their removal. Instead of this ligated ovarian arteries are on both sides. Patient recovered and has had fair health since. Intra-mural tumor grew but little more. Menstruation became scanty and finally ceased. Private house.

Case XVIII. Mrs. X., married, aet. about 29, no children. Has metorrhagia of long standing, an enlarged retroverted and adherent uterus. Marked dispareunia. Section made December, 1888. Strong adhesions; gave much trouble. Left ovary and tube brought out and ligated; unable to find in the mass of adhesions either the right tube or ovary; left ovary very friable; uterus brought forward and fixed to abdominal wall with buried silk ligatures. Convalescence uninterrupted. Continued to menstruate regularly and very profusely. Examined a year later and found the womb in good position, but still tender. Have good reason to believe the husband's sexual demands were very excessive. She writes me within a few months that her health is pretty good. Hospital case.

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Case XIX. Mrs. —, aet. 30, widow, one child. Has had repeated attacks of pelvic inflammation in the last three years. Has had continuous fever and pain for nearly three months. Finally, as a last resort, consented to an operation. Section made November, 1888; both tubes full of pus; ovaries the same; strong adhesions everywhere; was able to enucleate and remove the right tube and ovary without much trouble. In spite of all the care I could use, the left tube was ruptured and part of the contents escaped into the pelvis. It was thoroughly cleaned out and a drainage tube used. The patient never rallied. The pulse, very rapid before the section, became more and more rapid, and finally was undistinguishable. Death ended the scene on the third day. Hospital case.

Case XX. Mrs. P., aet. 19, married, three children. Had her menses January 29th, 1888, quickened in May. Had spurious labor in October, November and December. Child dead at least six weeks. Section made January 8th, 1889, over eleven months after conception. Fixation of the ovum had occurred in the fimbriated extremity of the left tube, this being the central point of placental implantation. Child and placenta enclosed in a sack to which the intestines were everywhere strongly adherent. Adhesions tied and cut between ligatures, and the sac and contents gradually enucleated. But very little blood was lost. Child weighed twelve pounds and was perfect. Anesthetic, ether. Anesthesia very profound. Incision closed in the usual way and the patient put to bed. She never waked and six hours later was dead. In this case I think the anesthetic was partly responsible for the death. Private house.

Case XXI. Mrs. S., widow, aet. 29, one child. History of pelvic inflammation of long standing. Section made December, 1890. Right tube and ovary healthy. An immense pus sac on the left side adherent to everything and involving not only the tube but the uterine wall as well. Sac ruptured in removal. Its edges brought into the incision and stitched fast. Everything cleaned up as well as possible. Patient died in a few hours from shock. In this case a hysterectomy should have been made. But as I had not anticipated her true condition I was unprepared for that part of the work. Hospital case.

Case XXII. Mrs. P. B., colored, married, aet. 36, has children. Diagnosis uterine fibroids. Section made in October, 1888. Removed a large fibroid. Failed to find the appendages; tied the ovarian arteries, and closed the wound; used drainage tube on account of the oozing. Patient got well without trouble. Menses ceased in about three years, and the tumor in the uterine walls that was left grew but little and gave no further trouble. This case should have come in a little early, but through an oversight, was overlooked in the notes. Private house.

Case XXIII. Mrs. S., aet. 26, married, one child six years old. Has had uterine inflammation, back ache, pelvic pain, insomnia, pain down the inside of the thighs, etc., etc. Has gotten desperate. Can neither walk nor ride. Section made October, 1891. Both appendages removed. Recovered from the operation nicely and promptly. Still had leucorrhea and irregular bloody uterine discharges. A year later I curetted her uterus. Since this time have lost sight of her.

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Case XXIV. Mrs. G., married, no children, greatly emaciated and feeble. Section made. Found a cyst on left side formed by abdominal wall, intestines and omentum. Case proved to be one of tuberculosis. Incision healed kindly and patient improved greatly in health and strength. Hospital. Patient since died.

Case XXX. Mrs. M., aet. 26, married, never pregnant. Has had three attacks of acute purulent salpingitis, each ending by a free discharge of pus from the rectum. The first attack lasted for seven weeks and was diagnosed as typhoid fever. In the intervals between these attacks her health was moderately good. In the last attack both tubes were involved. The left emptied itself into the rectum, the right into the uterus. The temperature went to normal and a quasi convalescence was established. Section made a few weeks later. Everything in the pelvis adherent. Right ovary could not be found in the mass of exudate. The tube was tied off close to the uterine cornua and cut off. The fimbriated end of the left tube was firmly adherent to the rectum. The tube was not larger than the first finger on a small hand. The tube and ovary were loosened up and tied, first near the rectum and afterwards as near as possible to the uterine cornua and then cut out between the ligatures and the stumps touched with pure carbolic acid. Milk was injected into the rectum in order to detect any leak. None appearing, the wound was closed. Convalescence somewhat tedious. Now in good health. Menstruates regularly and very freely. It became necessary a year later to curette the uterus. Private house.

Case XXVI and XXVII. Operated on March, 1892, and February, 1893; were so much alike they will be described together. Both colored, about 30 years old. Both had gonorrhea, the first 7 years ago, the second 5 years ago. Both had double salphingo ovaritis. The ovaries and tubes in both were enormously enlarged and infiltrated with pus. Both recovered without accident and both menstruated freely and regularly. Case 27 I lost sight of. Case 28 needs curetting on account of continual purulent discharge from the uterus.

Case XXVIII. Mrs. R., married, aet. about 30, no children. One abortion three years ago. No health since. Left ovary in cul-de-sac of Douglas, and strongly adherent. Uterus retroflexed and fixed. Persistent effort failed to remove displacement. Section made May 17th, 1892. Both ovaries and tubes diseased with fimbriated extremities of the tubes grown fast to the ovary. Adhesions broken up; appendages removed; uterus fastened to the abdominal wall with silk sutures. Recovered rapidly. Reports 18 months after operation that her health is perfect; has neither an ache nor a pain.

Case XXIX. Mrs. P., nearly 40, mother of a family. Has insane paroxysms at her menstrual period. Has been in an asylum. Appendages removed as a last resort. Recovered from the operation nicely and for a time missed her paroxysms. Within six months they returned, and a year later she committed suicide.

Case XXX. Mrs. —, aet. 43, married, mother of four children. Sexually insane and has been for several years. Violent nymphomania at menstrual periods. Appendages removed after everything else had been

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tried. Made an elegant recovery from the operation. Improved greatly in physical health, but being still possessed with a devil it became necessary to send her to an asylum. At the end of eighteen months her mental balance had been completely recovered, and there is a happy reunited family.

Case XXXI. Miss —, aet. 23, single, has been an invalid for several years, with trouble in pelvis, has pain, leucorrhea, back ache, etc. Has gone the rounds and become desperate. Section made August, 1892. Both ovaries full of small cysts. Tubes and ovaries removed. Recovered her health rapily and thought she was well enough to marry six months later. One odd reflex symptom I must mention during the two years she was under my observation, previous to the operation she was always complaining of sore throat. On inspection but little could be seen wrong with her throat, and no treatment did any good. The day before the operation she complained bitterly of her throat. The day after it, almost the first thing she said was: "My sore throat is gone." It has not returned. After curettage was also necessary in this case. She is now in fair health.

Case XXXII. Mrs. B., colored. Laparotomy five years since, with drainage tube. This was followed by a ventral hernia of immense proportions. All of the small intestines seemed to be in the sack. On section made October, 1893, an immense hernial sac was found between the skin and abdominal muscles. Strong adhesions, found at all points, were difficult to break up. This was finally effected and the intestines returned to the abdominal cavity. They had been out so long that it was with great difficulty they could be kept in until the incision was closed. After excising a portion of the sac the wound was closed in three layers: 1st, continuous catgut; second, interrupted, buried silk worm gut; lastly, silk worm gut which were removed on the ninth day. Result, cured.

Case XXXIII. Mr. B., male, aet. 21. Three years ago while lifting a heavy weight, felt something give way in his abdomen, with great pain and sick stomach. Found to have a rupture on the outer side of right rectus muscle, beginning a little above the level of the umbilicus, and over three inches long. Was only able to be around since that time, by wearing a tight belt truss with a large wooden pad. This pad had created several subcutaneous abscesses. Section made December, 1893. Gut returned, incision closed in three layers as in Case XXXII. Results, part of the wound became infected from one of the small abscesses and caused suppuration. Reported a few months later that he was well.

Case XXXIV. Miss S., aet. 21, single. Invalid for nearly four years. Been variously treated; locates all uncomfortable sensation in the pelvis. Can't walk any distance without great pain and distress. Confined to her bed during her menstrual week; can't do any work or support herself. Ovaries sensitive but not displaced. No uterine displacements. Section made May, 1893. Appendages removed. Recovery from operation, and am informed a year later by her family physician, that I would not know her, she has grown so big and strong and well. Private house.

Case XXXV. Mrs. W., aet. 32, colored, married, had one child some years ago. Menstruation regular and profuse. Diagnosis uterine fibroma,

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intra-mural and sub-peritoneal hysterectomy. Pedicle made of cervix and dropped. Incision closed, no drainage. Convalescence uninterrupted. Dismissed twenty-first day. One large intra-mural growth and ten smaller sub-peritoneal fibroids. Both ovaries pure fibroids, no vestige of ovarian tissue left. Section made April 13th, 1893. Called when passing the house April 15th, 1894, and found her at work ironing, looking and feeling well. Private house.

Case XXXVI. Mrs. J., aet. 34, married, two children, youngest nine years old. Had complete laceration of perineum. Operated on twice with failure both times. These operations were made in a distant city. Did flap splitting operation in October, successfully. She also had a retroflexed and fixed uterus. The left ovary was in the Douglas' cul-de-sac. Found it impossible to break up adhesions or replace organs. Nervous phenomena exceedingly marked, amounting almost to mental aberration at times. Section made January, 1894. Considerable force required to break up adhesions. Ovaries and tubes removed. Uterus brought forward and ventro-fixation made with silk worm gut. Patient recovered from the operation very nicely, and at the present time is doing her own work, excepting the washing. I should have said earlier that she complained of continuous pain in the left ovary, which at menstrual periods was intense. She still complains of pain in that region, probably in the stump. Also of various nervous phenomena belonging to climacteric period. Hospital case.

Case XXXVII. Mrs. X., aet. 30, married, no children. Very fleshy. Has had an umbilical hernia for several years. It has never given her much trouble till recently. Hernia the size of an unhulled walnut. Cutaneous covering thin and dark. On section found the hernia to be entirely omental, and when released from the pressure, expanded into quite a large mass. About one half of it was so badly damaged that I did not dare to return it to the abdominal cavity, so ligated it and cut it away. Returned the balance and closed the incision by three layers. Abdominal wall over four inches thick. Patient recovered. Bowels obstinately constipated before operation, moved naturally and regularly afterwards. Hospital case.

Case XXXVIII. This case should have come in the first half of the series as it occurred in 1887 and 1888, but could not find my notes until the balance of the paper was written up. In the recapitulation it will be commented upon in its regular place. Mrs. M., aet. 29. Came under my care in her second confinement. This labor, like the first, was difficult and slow, but different from the first in that forceps were not used. She had a fairly comfortable but not rapid convalescence. I examined her some two months later in order to discover the cause of some very uncomfortable sensations in the pelvis. Found the pelvis full of a mass of what seemed to be an exudate that fixed and immobilized the uterus. Under proper treatment in the course of a few months the larger portion of the hardness laterally disappeared and along with it the tenderness and pain. There still remained in the cul-de-sac a firm globular body the size of an osage orange ball and not very tender. The uterus lay above it or in front of it, the uterus being found high behind the symphysis pubis. The attachments

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of the tumor to the uterus did not seem to be very close. I diagnosed a tumor probably of the ovary and advised an operation, The husband asked for counsel and it was obtained. Just what it was the eminent gentleman in counsel did not decide. Of two things, however, he was positive. The first was that it was not a tumor; the second was, of course, that no operation was called for. The husband states that the consultant later volunteered the information that an operation should never be done with his consent. As I still remained obstinate in my opinion, further counsel was had. The second gentleman, after three examinations, decided that it was a fibroid tumor in the posterior uterine wall, and advised against an operation in very strong terms. As her health was now fairly good, I saw her but seldom for the next six months. She being on a visit to St. Louis during the fair, consulted Dr. Engleman, who diagnosed a pelvic tumor beginning to break down, and strongly advised an operation at the earliest possible moment. On her return she consulted me again, and on examination, I found the old solid tumor had disappeared and in its place was a soft, baggy, thin walled sac evidently containing fluid, and as she had been in a febrile condition for some weeks, probably pus. A few days later, after due preparation, I pushed a small trocar into the most prominent portion of the cyst, and as stinking pus ran out freely, opened the puncture with the knife and dressing forceps. Nearly a quart (estimated) of flu id escaped, and besides the pus was quite a quantity of a buttery or cheesy substance and quite a quantity of hair, but nothing like bone. This settled the diagnosis. The firm tumor I had discovered many months before was a dermoid cyst. To make the sad story as short as possible, in spite of drainage tubes, and irrigation and every thing else I could think of, abdominal section excepted, the case went on, better when the sac was almost empty, worse with the access of a new attack of inflammation when the sac filled up again. Never well, always hopeful and even cheerful. Frequently when irrigating the sac, if the pressure was a little too great, she complained of severe pain. About six months after the opening was made the pain while washing out the sac, became very severe. Severe inflammatory symptoms with high temperature and a rapid filling up and hardening in the right side of the pelvic cavity developed in the three following days. While making some movement a day or two later, the abcess walls gave way and the pus was poured into the abdominal cavity. Section was made as soon as possible; the abdominal cavity thoroughly flushed out and closed, excepting for drainage. The patient died a few minutes after being put to bed. Private house.

Case XXXIX. Mrs. A. H., colored, married, aet. 34. Has one child 14 years old. No other pregnancies. Something over 3½ years ago she noticed that her abdomen was increasing in size. This was at first supposed to be pregnancy, although her menses still continued. She, in time, became very large, but until quite recently kept at work. In October, 1892, she was tapped twice with a five days interval between tappings. The first about two gailons were drawn off, the second time two and one-half gallons. This very much diminished the size cf her abdomen. The lower portion of it much less than the upper. I made a diagnosis of multi-

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locular ovarine cyst and made a section before the class December, 1893. But little trouble with adhesions in front and but little anywhere of a serious character excepting in the posterior inferior wall of the tumor. The tumor proved to be a proliferating papilomatous ovarian cyst beginning in the hilum of the ovary and at first growing downward between the folds of the broad ligament from the left cornua of the uterus to the lateral pelvic wall. It had to be tied off in sections. The weight of the fluid contents was twenty-one pounds; of the cyst walls, four pounds. Within the mother cyst arising from its thick walls were numerous daughter cysts, also numerous papilomatous spots, also lower down a dermoid cyst containing hair, a cheesy substance, and tissue resembling skin and a bony tooth-like plate. The right ovary had undergone cystic degeneration. It was the size of a large hen egg, and with its tube was tied off and removed. She began menstruating on the morning of the operation. She promptly recovered from the operation, and at the present time is in the best of health and working in a hospital laundry.

The other case, making the forty called for, was a multilocular ovarian cyst in a woman nearly 70 years old, who recovered. But as several other professional gentlemen were in the case, I omitted it from the list.

Attempting to classify my cases, I find as follows. First as to diseases or condition for which operation was made:

Ovarian tumors (not fibroid), 6 cases, 1 died; ovarian fibroids, 2 cases, 2 died; cystic ovaries (small), 10 cases, 2 died; uterine fibroids (cirrhosed), 6 cases; pyosalpynx, 4 cases, 2 died; purulent ovaritis (double), 1 case; extra-uterine pregnancy (abdominal), 1 case, 1 died; purulent degeneration of dermoid cyst, 1 case, 1 died; umbilical hernia, 1 case; ventral hernia, 2 cases; menstrual insanity, 2 cases; intestinal or abdominal tuberculosis, 1 case; sarcoma of kidney, 1 case, 1 died; multipli fibroid of uterus and both ovaries, 1 case; total, 39 cases, 10 died.

Results: Cured, 24; not benefited, 3; unknown and lost sight of, 2; total, 29.

Comparing results between hospital cases and the same kind of work done at the house of patients, we get the following:

Cases in hospital, 16 deaths, 6 recovered; cases at the home of the patient, 23 deaths, 4 recovered.

That is, the percentage of deaths was more than twice as great in the hospitals as at the home of the patient.

The deaths in private houses were:

Case VI. Solid growth of ovary weighing 40 lbs.; patient practically moribund at the time of the operation.

Case X. Exploratory. Tumor proved to be a malignant tumor of the left kidney, weighing 45 lbs. Incision closed. The patient died a few days later from exhaustion. Character and weight of the tumor determined by autopsy.

Case XXIV. Abdominal pregnancy of eleven months standing; child dead six weeks. Mother pyemic and operation made to give her a chance for her life.

Case XXXVIII. In this case had my advice been followed and an operation made early before suppuration had occurred, the woman might

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have been alive and well today. Two men who stood well in the profession made a mistake in diagnosis, and this mistake cost the patient her life. No operation being made until her abdomen was full of stinking pus from the rupture of an abcess.

Excluding these four cases, in none of which would any surgeon operate who had greater care for his reputation than for his patient's life, and in all of which the only ground that would justify an operation was that they were entitled to a chance for their lives. My work in private houses since 1880 gives a recovery rate of one hundred per cent.

In my hospital work you will notice two recoveries and two deaths in double salpingitis. Both deaths occurred in old chronic cases, one of five and the other more than five years standing. The tubes were absolutely rotten, and in both cases broke down while being removed. Both cases were long and completely saturated with pus, and only consented to an operation when it became the last resort.

The lesson is, in these two cases, that in suppurative inflammation of one or both tubes, don't wait till the last moment. Operate early or your patient's chances for recovery are poor indeed. Two hospital cases, Nos. 3 and 4 were operated upon on account of hystero-epilepsy and lost their lives from faulty technique and bad surroundings. Under present conditions if I operated in such a case at all, I would almost be willing to absolutely guarantee recovery from the operation.

Case XVI was one of the cleanest and easiest operations I ever made and should have recovered, and had her bowels been moved in time she would have gotten well beyond a doubt. I might go on and moralize indefinitely, but this would only tire your patience still further.

Case V at the hospital, was practically moribund from peritonitis at the time of the operation, and comes under the same category as the fatal cases in private practice. This, gentlemen, ends the story truthfully stated of an experience dating back to 1880, when asepsis, as understood today, was entirely unknown up to January, 1894.

Will Meet.—The Austin Flint Medical Society, a large district society in North Central Iowa, will meet at Mason City, July 9th, 1895.

Therapeutic Value of Gold.—Professor J. S. Wight, of the Long Island College Hospital, has used arsenauro with advantage in cases of suppuration, and more recently has given the solution of the bromide of gold and arsenic (arsenauro) to patients suffering from cancer and sarcoma. He has not yet had experience enough to speak with certainty as to the value of these remedies, yet is convinced that they will turn out to be remedial in the true sense of the word. In some cases of adenosarcoma the absorption of the neoplasm has been brought about in a few weeks. It seems certain that the solution of gold and arsenic (arsenauro) will prove to be a most valuable remedy in the treatment of sarcoma and the less virulent forms of cancer.—*Medical Bulletin.*

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Neurology of the Female Reproductive Organs.

By M. R. MITCHELL, M. D., Topeka, Kansas.

READ BEFORE THE WESTERN ASSOCIATION OF OBSTETRICIANS AND GYNECOLOGISTS, OMAHA, NEBRASKA DECEMBER 27TH, 1894.

OUR theme, considered etymologically, would apply to the anatomy, physiology, and pathology of the nerve structures of the female reproductive organs. It is necessary to make only an allusion to the anatomy and physiology of these structures.

We may call to mind that the nerve supply of the uterus and its appendages is derived from the two great systems, viz, the nerves of animal life, through the internal sacral nerves, and the great sympathetic through the inferior hypogastric plexuses. The spinal nerves mainly supply the sphincter fibres of the cervix, and the sympathetic mainly supply the uterine body, the Fallopian tubes, and the ovaries. Hence is accounted for the reflex nervous influence existing between these structures. So that when one suffers, all of the others may suffer with it.

The ovary becomes congested during ovulation and has its sympathizers in the tubes and uterus.

The chief physiological determining cause of labor is traceable to the direct pressure of the uterine contents upon the sphincter fibres of the mouth of the womb, which irritation is reflected to the uterine walls, causing contraction and expulsive efforts.

This same reflex influence put forth by the sympathetic nerve system clearly accounts for a striking physiological intimacy, and a pathological affinity between the utero-ovarian and other structures of the body.

Morning-sickness, anorexia, and other forms of morbid appetite, can be explained better, perhaps, by the reflex action of a copious net-work of the sympathetic innervation of the utero-ovarian apparatus and that of the stomach.

Guerriot, in speaking of the vomiting in pregnancy, says: "That a morbid or abnormal state, the nervous system as the carrier of reflex-action, and the stomach are three prime factors in this malady." He urges, "that any abnormal state of the uterus and appendages, whether they be ulcers, excoriations, flexures, or of a specific nature, should be corrected, the nervous system, particularly the spinal nervous centres, should receive attention."

The pathological aspect of the subject must assume an attitude of startling importance when we call to mind how frequently we are foiled in the ready attainment of a satisfactory etiological explanation of the existence of some new affection in a distal organ. Or, perhaps, the sudden development of some latent malady.

Pozzi says: "There is no function upon which uterine disease reflects more constantly than on the digestive, and ignorance of this fact may cause grave errors in diagnosis. Dilatation of the stomach is very common in

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metritis of long standing. These patients suffer from a loss of appetite, nausea, and a form of flatulence, which occurs as a chronic tympanitis, so that the abdominal enlargement interferes with palpation and bimanual exploration."

According to Pozzi, "Women affected with metritis or displacements often suffer with dry cough without any disease of the respiratory organs."

Among the long list of cutaneous diseases, we believe many may disappoint us as to their etiology until we look to a nervous influence pointing to an inflammation, or some other derangement connected with the uterus or its appendages. And we will be equally chagrined as to the relief of these dermopathies until the primary malady affecting the sexual organs may be relieved. Who has not observed the sudden appearance of an acne eruption coincidental with adolescence, or about the menopause, when the function of ovulation is slow in becoming established, and when the menses are irregular or delayed.

This eruption appears mainly along the expansion of the tri-facial nerves which are accompanied by filaments of the sympathetic. A young girl of fourteen or sixteen comes before you presenting many of the charms of beauty, yet on account of her pimply face, her appearance is really repulsive, and the relief of the same may be delayed until her womanly functions have been made to attain a normal activity.

"In a thesis published in 1886, M. Tourneux expresses an opinion that menstruation causes various cutaneous eruptions which serve as a nidus for the streptococcus."

"Professor Hardy applies the term pemphigus to a bulbous eruption of successive appearance, existing over several months, and which appeared only in young girls between fourteen and twenty, in whom menstruation had been interrupted." "The same writer considers suppression of the menses as one of the most frequent causes of the erythema nodosum."

"A case is reported by Alibert of a young lady aged twenty-four, who was attacked with a general scaly eruption following suppression of the menses caused by a fright."

Scanzoni affirmed, "that anemic women, who have at the same time some affection of the genital organs, very often present various eruptions on the skin, especially when there occurs an intercurrent exacerbation of the uterine trouble. These are such as chronic eczema, acne, rosacea, urticaria, erythematous eruptions, as well as a furuncular diathesis."

Pruritus-vulvæ with eczema in an occasional complication of the climacterique. It is exceedingly annoying, and from which it is sometimes difficult to obtain relief.

There are other classes of general nervous manifestations which we are often unable to trace to a causation unless it be to a reflex origin in the sexual organs, such as hysteria, chorea, paralysis and insanity. A girl of seventeen, otherwise healthy and strong, was affected with dysmenorrhea complicated with hysterical convulsions at each menstrual period. When a cervical stenosis was relieved, menstruation became normal, and the convulsive attacks were not experienced.

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Two young women, during primiparous pregnancies, were affected with marked choreic symptoms. One was relieved in a few weeks under the administration of bromide of arsenic.

In her second pregnancy she was not affected by the nervous lesion. The second young woman was only partially relieved under the use of the above remedy. But after normal full-time confinement, no further chorea appeared.

However, when she was about three months gone in her second pregnancy, she was again attacked with chorea and convulsions, which resulted in miscarriage. The previous history of both of these cases disclosed the fact that they were of a distinctly nervous temperament.

"Parvin refers to a discussion of this subject in the London Obstetrical Society, in which Dr. Herman stated that he believed in the connection between chorea and pregnancy, and that the majority of such cases were benefited by the induction of abortion, or of premature labor." "Parvin also speaks of two other cases reported by Jones, of chorea complicating pregnancy. One at seven months, when the chorea ceased after the induction of premature labor, the fetus being decomposed. In the second there was chorea with delirium and paralysis of the left arm, with recovery after confinement."

Paralysis is a neurotic complication which occasionally affects the pregnant woman.

About two years ago a lady six months pregnant came under my care, who had become affected with motor-paralysis of the lingual muscles which are supplied by branches of the fifth pair of nerves. There was no evidence of renal trouble.

Vocal articulation continued almost entirely destroyed until the end of gestation, when it began to improve slowly, but recovery was not complete until about six months afterward.

Functional aberrations of the sensorial and intellectual faculties are often observed in pregnant women. Such disorders sometimes proceed even to insanity. In a majority of these cases there is, no doubt, a latent predisposition to mental derangement.

I will now recall three cases of partial insanity occurring near the end of gestation. All seemed to be relieved of the positive indications of insanity after confinement. The history of all three of these cases seemed to show that they were of excitable, nervous, and irritable dispositions. Two had convulsions in previous labors. One had served a term in the insane asylum, but had recovered.

In a study of these forms of reflex neuroses, we cannot fail to observe in many instances, the striking analogy in the manifestations connected with the menstrual function in the young girl and the manifestations often affecting the pregnant woman.

Neurotic disturbances in forms of the neuralgias of the face, of the intercostal regions, and of the thighs are often clearly traceable to different grades of metritis."

The relief of these inflammatory conditions, and the removal of even the slight cicatricies of the cervix, as for instance, "Emmet's cicatricial

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plug," will be promptly followed, in many instances, by a complete cessation of the distal neuroses.

Thus far I have endeavored to call attention to some of the reflex manifestations of nerve function pertaining to the female reproductive organs.

I wish now to refer to an exhibition of more direct nerve disturbance in this region, viz., "pains of child-birth."

Much has been truly said pertaining to the baneful influences of our modern civilization upon the parturient woman.

The exacting and cramming requirements of our schools, the customs and methods of dress, improperly ventilated sleeping apartments, improper and insufficient nutrition, a want of physical exercise, injudicious and unwise marriages, and excesses of various kinds, have done, and are doing much to impair the muscular and bony development of our girls, blighting their moral courage, making them unable to bear pain, and thereby to intensify the sorrows and sufferings of child-bearing.

On the other hand, reference is often made to the uncivilized races, where women in a barbarian and savage state are supposed to be less perverted as to physical development, and to this fact is attributed a supposed lack of suffering, and that child-birth is regarded by them with apparently little apprehension.

In the first place, the information generally obtainable in regard to these classes as the real extent of their suffering is not very reliable.

Again, we know that it is a high ambition among some of the savage races to develop stoical characteristics for endurance of suffering and danger.

I believe, therefore, that whatever apparent or real diminution of pain in parturition the women of those barbarous races do exhibit, it is owing, largely, to the deteriorating influences of low and indolent customs of the people.

The certain tendency of their accustomed methods of life is to impair development of the nervous system. Their nerve sensibilities are, as it were, blunted, and their perception of pain is by nature obtuse.

On the other hand, in enlightened nations, the more highly cultured, refined, and physically developed according to the most advanced methods of civilized life, will attain a high grade of nerve structure, with functions of acute sensibility, and hence a keen perception of pain.

Pain in child-birth is mainly induced through compression of the uterine nerves by contraction of its muscular fibres, and the pressure of the pelvic nerves by the passing fetus during its expulsion. It is a disturbance of the integrity of the nerve structures, and so far as this nerve disturbance is concerned, it is a pathological result, nothwithstanding labor is scientifically considered a physiological process.

And now, although much of the pain, suffering, and complications in parturition may be accounted for by a lack of the requisite physical development, unwholesome food and drink, the deteriorating fashions of dress and habits of society, yet even with an equilibrium of the fullest development of all the natural powers of womanhood, the only logical and physiological conclusion must be when we consider the neurological structures of the organs involved, that normal labor, in a normally developed womanhood, will be universally attended with an experience of more or less pain, and that the Ism, "Painless Labor" is a myth, a delusion, the effusion of intellectual fancy.

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The Present Status of Ureteral Surgery.

By B. B. DAVIS, M. D., Omaha, Neb.

READ BEFORE THE WESTERN ASSOCIATION OF OBSTETRICIANS AND GYNECOLOGISTS, OMAHA, NEBRASKA DECEMBER 27TH, 1894.

WHEN the program for this meeting was published it was expected that some experiments on surgery of the ureter then going on would be so far concluded that the results could be reported today. But unavoidable delays have interfered with the work, and the experiments are yet so incomplete that their publication would be premature. Therefore, the indulgence of this body is asked, and only a resume of some of the recent notable advances in ureteral surgery will be given—the details and results of the experiments being reserved for some future contribution.

I.--LIGATION OF THE URETER.

It has been the general opinion until quite recently that to accidentally tie and sever the ureter during an operation on the pelvic viscera would certainly end disastrously. The statement has frequently been made by men high in authority, that such an accident, besides stopping the secretion of urine on the side invoived, would also cause suppression in the opposite kidney—through sympathy.

It had not occurred to me to doubt the above statements until in the *Annals of Surgery* for August, 1893, Dr. J. C. Reeve published the report of a case of pancreatic cyst. The cyst was successfully operated upon; but three months later the patient died of an acute fever. At the autopsy it was found that the left kidney was doubled in size, but otherwise apparently healthy. The right kidney was soft and atrophied, pelvis dilated to the size of a walnut and full of urine, ureter obliterated by old adhesions near the tumor.

The thought naturally came to the mind that if this could happen as the result of inflammatory stenosis, why would not the same condition be produced if the stenosis was brought about by accidental or intentional ligation of the ureter? As soon as the backward pressure became equal to the blood pressure in the glomeruli secretion of urine would cease. More work would be thrown upon the companion kidney. As a result the functionless organ would atrophy, the increased work of the healthy organ would produce hypertrophy.

A series of experiments upon the lower animals was determined upon; but, a few months afterwards, and before an opportunity for the work had been found, Dr. F. B. Robinson, of Chicago, published the details of some experiments which he had been making in the same direction. He ligated the ureters of six dogs. Each operation was complicated with an intestinal anastomosis, and as a result within three days four of the animals died of fecal extravasation. This left only two from which to draw conclusions.

The first dog was killed at the end of six weeks, and the following *post-mortem* condition found: "The kidney was about three times the size of

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the other one. The ligature on the ureter had yielded a little, and the urine trickling through some six weeks of partial occlusion of the ureter had produced hydro-nephrosis."

The other dog was killed at the end of six months and the condition of the kidneys found at *post-mortem* was as follows: "The right kidney, whose ureter was ligated, was shrunk to the size of the first joint of the thumb. It had shrunk to one-fifth of its original size. There was no trace of the ligature except a white circular cicatrix around the ureter. The other kidney was slightly larger than normal. Complete absorption of the ligature had taken place. Complete occlusion of the ureter had produced atrophy of the kidney. We were not able to state whether the dog passed more or less urine than at other times. In this case the kidney had secreted until its pelvis and ureter were full and up to blood pressure. Then the pressure had prevented further secretion and the glomeruli gradually shrank. The atrophy of the kidney was enormous for six months. It shows how quickly an organ will die if it is not used."

Thus it is seen the cases have dwindled down to one, from which conclusions can be drawn, the first ureter not having been tied firmly enough to stop entirely the flow of urine. The result in the last case is exactly what *a priori* had been expected, but it is always dangerous to attempt to generalize from one case. Farther experimentation in the same direction is needed before this chapter can be safely closed.

II.—STONE IN THE URETER.

Many operations have been done for stone in the ureter, the method of attack depending upon the location of the stone. If near the upper extremity the stone may be extracted through the pelvis or even through an opening in the kidney itself. If in the middle portion of its course a longitudinal incision over the stone long enough to permit of its extraction, followed by suture, is the most satisfactory method. If located in the pelvis not very near the bladder the attack may be through the vagina, or from behind, by making use of Rydygier's or Schlange's modification of the Kraske method of doing extirpation of the rectum. If situated very near the bladder the stone may be extracted through the bladder, either by making a supra-pubic opening or by dilating the female urethra.

Both Emmett and Cabot report cases of stone in the ureter as it passes along the broad ligament in close relation to the vault of the vagina in which they have removed the stone through the vagina.

Along the middle portion of its course the ureteral stone can be attacked from behind or through the peritoneal cavity. The fact of the two operations thus far reported in which the mode of attack was through the peritoneal cavity, one of them, that Cullingworth, of London, died, goes to show that suspicion of the trans-peritoneal method is not merely fanciful. His patient died of sepsis in 80 hours.

The ingenious method adopted by R. B. Hall, of Cincinnati, by which he utilized the trans-peritoneal method for diagnosis and then removed the stone through a lumbar incision, to avoid the fate of Cullingworth's case, commends itself and is worthy of more than a passing notice. Stone in the

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left ureter was suspected, but the diagnosis was obscure, and the location of present, uncertain. No abnormality of the urine could be discovered after repeated examinations. The day before the operation a careful exploration had failed to reveal the presence of any tumor whatever. To clear up the diagnosis, an incision in the median line was made and a cyst larger than the doubled fist found immediately below the left kidney. At the lower extremity of the cyst a stone was felt in the ureter. Without removing the left hand from the abdominal cavity, a lumbar incision was made, and the pelvis opened, allowing the contents of the cyst, about a pint of urine, to escape. But it was found impossible to grasp and remove the stone through the pelvis. Accordingly an opening was made through the kidney by means of a longitudinal incision along the convex border, the incision extending to within a half inch of each extremity, and finally, with the left hand still in the abdomen as a guide, the stone was dislodged and removed through this opening. A rubber drainage tube was introduced through the lumbar incision into the kidney. This was retained for eight days, and for four days longer urine passed freely through the lumbar opening. On the twenty-first day the wound was fully healed, the recovery having been uninterrupted.

The stone was found to weigh 3 7-20 grains. It was in the form of a section of a cylinder. It would have perfectly occluded the ureter had it not been for a very small slot at one margin just large enough to allow the urine to trickle through under normal conditions. But if a fragment of mucus were to be caught in this narrow opening, temporary obstruction would be produced with intense pain for a few hours until the obstructing body was dislodged. The reporter was positive that the cyst was not present the day before the operation. Shortly before the patient began taking the anesthetic she told him that if he would wait two hours, an opportunity would be given him to see her in one of her attacks. The rational conclusion is that the slot in the stone had been obstructed by a plug of mucus, between the examination of the previous day and the time of the operation.

This seems to be an admirable method of attack for an obscure case of this kind, since the abdominal incision gives an opportunity to make an exact diagnosis. A hand within the abdomen can render much valuable assistance by making the parts involved more accessible to the lumbar incision. The amount of hemorrhage from an incised kidney is considerable, and why a simple longitudinal incision was not made over the stone, just sufficient to permit of its extraction, and this followed by immediate suture is not clear.

An interesting example of the extraction of a ureteral calculus through the bladder was reported by Prof. Helfinch, of Griefswald, at the last meeting of the Congress of the German Surgical Society. The operation was done primarily for vesical calculus, but after the removal of a very large stone from the bladder by the supra-pubic route, the examining finger felt a small incrusted spot on the posterior wall. More careful investigation showed this to be another stone in a diverticulum. After much labor the stone was dislodged and extracted. Its removal was followed by the dis-

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charge of a quantity of ill-smelling pus, and with it three smaller rounded facetted stones. It was then found to have been situated in the dilated lower extremity of the left ureter. Prompt recovery followed the operation, but the patient died 7½ months later of a complicating disease of the kidney.

III.—STRICTURE OF THE URETER.

The most promising method of dealing with stricture of the ureter seems to be the plan devised by Christian Fenger. It involves the same principle as the Heinecke-Mikulicz operation for simple stricture of the pylorus, longitudinal incision into the ureter through the stricture and suturing so that when the stitches are tied they form a transverse wound.

IV.—URETERAL ANASTOMOSIS.

It was nearly three years ago that R. Harvey Reed demonstrated that the ureter can be successfully implanted into the rectum. The criticism against this operation, that it opens the door to an ascending fecal infection, has been proven to be well founded. But in the class of cases in which Reed especially advises the operation, viz: cases in which the bladder has to be removed for disease, or in which constant irritation is caused by the presence of the urine in incurable disease of the bladder, almost any means of relief would be hailed by the sufferer, no matter how great the risk. This is probably the only legitimate field for rectal implantation.

The most notable advance that has been made in the surgery of the ureter recently was contributed by Dr. W. Van Hook, of Chicago. By a series of experiments upon dogs, Van Hook developed a method of suture by which firm union without stricture can almost be assured. It consists of invaginating the proximal end of the ureter into the distal end, through a longitudinal slit in the side, and holding it there with catgut sutures—the distal end having first been ligated.

Already one brilliant case has been reported where the use of this plan of suture was followed by ideal success. The history of Dr. Howard A. Kelly's case is so well known that an extended report of it now would be superfluous. Briefly, while doing a myomectomy, Dr. Kelly accidentally ligated and severed the right ureter. After completing the operation, the two ends were united by the Van Hook method. The patient passed urine on the second day and made an uninterrupted recovery. This is the only case thus far reported, which has come to my knowledge. But this perfect result places this procedure among the recognized methods whenever this accident is confronted.

The same accident happened to Florian Kong while operating for a fibroid, and he anchored the proximal end of the severed ureter into the bladder by an ingenious application of the Van Hook method of doing lateral implantation. The patient's convalescence was without more accident than is to be expected after the extirpation of a fibroid, and she is reported to be in perfect health, and doing hard work. Subsequently a cystoscopic examination proved the patency of the ureter.

The same procedure has been adopted by Penrose, of Philadelphia, and with an equally satisfactory result. The only difference was that in Pen-

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rose's case an inch of the ureter was voluntarily excised on account of being involved in a carcinoma extending from the cervix uteri. Judging from these results when the ureter is divided low down so that the proximal end is within reach of the bladder the surgeon has the choice between lateral anastomosis after Van Hook and implanting into the bladder.

When these cases were under discussion by the Philadelphia Obstetrical Society, Dr. Joseph Price stated that he assisted Dr. Cushing, of Boston, to switch a ureter into the bladder. Also, that he had in one case severed a ureter and had a fistula following. In that case he made a triangular flap in the bladder and switched the ureter in. It was a success. In another case he had an accident with both ureters and switched both into the bladder, with success on one side, and had to do a subsequent operation for the other side. He reported the patient in excellent health. It is to be regretted that no more detail is given of the method employed in these cases.

Dr. Price also reported two cases of suture of the ureter, with one success and one death. His method is to split the divided ends and, by means of a suture, to pull the proximal end into the distal, there to cover over with fine stitches.

V.—URETERAL FISTULA.

According to statistics collected by Fenger, out of 34 cases of fistula of ureter whose histories he had been able to collect, the condition was remedied by plastic operation in 11 cases, by kolpo-kleisis in 7, hystero-kleisis in 1, and nephrectomy had to be resorted to in 15 cases. Thus it will be seen that 44 per cent of the cases were doomed to nephrectomy with all the immediate dangers and the remote dangers to which the possessor of only one kidney is always subject. The method of Van Hook and the device of Krug and Penrose could be used in almost all cases of uncurable fistula of the ureter. The operation of choice is probably bladder implantation of the proximal end after severing the ureter just above the site of the fistula. If too far from the bladder to comfortably reach excision of the portion of the ureter containing the fistula and uretero-ureterostomy after Van Hook would give excellent promise of cure.

VI.—WOUNDS AND RUPTURE OF THE URETER.

Direct injuries to the ureter are very rare. Fenger states that Tuffier found only five cases in literature. Three of these were incised or punctured wounds and two gun-shot wounds. All occurred before direct treatment by suture had been thought of. I see no reason why such cases should not be amenable to treatment by lateral implantation after excision of the wounded section; or, as Van Hook proposes, when the entire calibre is not involved, by cutting upward and downward longitudinally, trimming off the lacerated corners of the wound, and suturing after Fenger's method for stricture of the ureter.

Ruptures of the ureter, usually caused by a blow upon the abdomen or lumbar region, seem to be much more common than direct wounds. But unfortunately the diagnosis is usually not made until days and weeks have elapsed. Large accumulations of urine at the site of the rupture are often

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the first intimation given of the nature of the injury. To indicate the difficulties attending the diagnosis of these cases as well as to outline the treatment which they have usually received, I cannot do better than to quote briefly from the history of a case reported recently by Herbert W. Page, of London:

A boy of five years was knocked down and run over by a light vehicle. There was nothing to arouse suspicion of the serious nature of the injury until three weeks after the accident, when the temperature rose and abdominal tenderness became marked, with swelling and dullness on percussion in the right iliac region. About ten days later a distinct tumor had developed and, by means of an abdominal incision, forty ounces of a fluid, which proved to be largely urine, were evacuated. It was behind the peritoneum and gave a strong presumption that there was a rupture of the ureter. But the location of the rupture could not be found, and it was vainly hoped that the opening into the ureter would close without further interference. The child's condition grew worse, and at last nephrectomy was resorted to to save the boy's life. The kidney was found to be enlarged to three times its natural size, and the pelvis contained semi-purulent urine. In all such cases, even at so late a stage, if the seat of the rupture can be found, suture would be indicated by the Van Hook method. But unfortunately, the exact location of the rupture is often very difficult to find.

VII.—HYDRO-NEPHROSIS AND PYO-NEPHROSIS.

Whenever a surgeon meets with a case of hydro-nephrosis or pyo-nephrosis, it at once arouses a query. What is the cause? Is there a stricture of the urethra, an enlarged prostate, or atony of the bladder, causing obstruction from below? Had he a case of vesical calculus or cystitis with an ascending infection to deal with? Is the disease caused by a stone in the kidney or pelvis? Or is the condition due to valve formation, stricture or stone in the ureter? He does his duty best as a surgeon who addresses himself most carefully and most intelligently to finding a proper answer to the above questions. Hydro-nephrosis and pyo-nephrosis should not be looked upon as idiopathic diseases any more than peritonitis is now looked upon as an idiopathic disease. They all have their causes, and in the vast majority of cases the cause is removable. It is my opinion that many of these cases would be susceptible of cure after the cause has been searched out and removed, and, if not too far gone, a functionating kidney be left. It is always well to remember that the man or woman with but one kidney has a very uncertain hold upon life. Every thing may go along smoothly for a time, but the slightest accident or the chilling of the body, an inter-current disease, as an acute fever, pneumonia, etc., is very likely to end fatally.

What means shall be employed to arrive at a satisfactory solution of the cause? First the urethra and bladder should be interrogated in the usual manner. If nothing abnormal is found a careful use of the cystoscope may be of incalculable service, especially in arriving at a certain knowledge of the relative condition of the two kidneys. If the patient is a woman the ureteral catheter can be used, and the ureter may be palpated from the vagina or rectum.

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Next where is the seat of the pain, if any; its nature? Is it constant or intermittent? If the symptoms point directly to the kidney itself, an incision over that organ and careful palpation for stone, with aspiration of the fluid would now be in order. If satisfied that the secreting area is entirely gone no hesitancy need be had about its removal.

Now having arrived at the point which it is especially desired to make, and having freed the urethra, bladder, and kidney itself from suspicion, the logical conclusion is that the ureter is the culprit. But where in its course? That is the difficult question to answer. Where careful search has fastened the blame thus upon the ureter, I believe the surgeon is justified in opening the abdominal cavity by a small incision either in the median line or in the linea semi-lunaris of the side affected, introducing the hand and palpating carefully the course of the ureter from the kidney as far down as possible. If the cause is found to be a stone, valve formation, stricture, a mass of adhesions causing obstruction to the flow of urine, the left hand can remain in the abdominal cavity as a guide, and an incision can be made from behind and the trouble dealt with extra-peritoneally in the manner adopted by Dr. Hall in his case of ureteral stone. By adopting these expedients there is little doubt that many kidneys, such as heretofore have been doomed to extirpation, could be retained with partial or complete secreting power.

MISSISSIPPI VALLEY MEDICAL ASSOCIATION.

The Twenty-first Annual Meeting of the Mississippi Valley Medical Association will occur in Detroit, Mich., September 3, 4, 5, and 6, 1895. This Association is now in a more prosperous condition than ever before. The membership list shows a large increase annually, and the character of the scientific work accomplished at each meeting is of the very highest. The Officers and Committee of Arrangements are working unceasingly for the success of the Detroit meeting, and, although early, indications are that a meeting of unusual size and interest will be held in September. The profession of Detroit are united in their efforts to have the gathering in their city outshine all previous ones. The social features of the meeting will leave nothing to be desired in that direction.

A meeting of the Officers, Committee of Arrangements and Auxiliary Executive Committee was held in St. Louis in April. The prominent railroads were all represented at this meeting, and the railroad officials present promised a united effort to obtain a half-fare rate to Detroit.

It was decided to make the annual addresses a special feature of the meeting, and Dr. Wm. Pepper, of Philadelphia, will deliver the Address on Medicine. September was chosen as the time of the meeting, for two reasons. First, because the medical colleges will not have opened, and opportunity will thus be given those connected with these institutions to be present; second, because this is the most delightful time of the year in which to visit the beautiful City of Detroit.

A cordial invitation to attend is hereby extended to the profession by the Executive Committee. Titles of papers should be presented to the Secretary as early as possible.

Fraternally,

W. N. WISHART, M. D., President.

FREDERICK C. WOODBURN, M. D., Secretary.

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THE MEDICAL HERALD

A PRACTICAL MONTHLY JOURNAL OF THE MEDICAL SCIENCES.

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EDITORIAL

MISSOURI STATE MEDICAL ASSOCIATION.

The session of this Society, at Hannibal, a detailed report of which appears in this issue of THE MEDICAL HERALD, was the best, in many respects, held for several years, and President Richmond had every reason to feel proud of the representative assemblage of Missouri's professional men.

The scientific portion of the program is well portrayed in our "Society" department. The social features, under the management of Drs. Baskett, Chowning, Hornbeck and Howell, assisted by their estimable ladies, were a source of great pleasure to the visitors, and included a trip to the famous "Mark Twain" cave, a carriage ride for the ladies, a banquet, the climax being reached on Thursday evening, when the guests were driven out to the "Sni E'Carte" club house and treated to a most delightful "fish-fry" and hop.

THE HERALD is under obligations to the Arrangement Committee and to Mr. and Mrs. Jno. Knott, of the *Morning Journal*, for many courtesies.

Following is the list of officers:

President, C. Lester Hall, of Kansas City; First Vice-President, J. H. Thompson, Kansas City; Second Vice-President, H. C. Shutlee, West Plains; Third Vice-President, J. D. Potts, Booneville; Fourth Vice-President, Edw. Borck, St. Louis; Fifth Vice-President, J. J. Russell, California; Recording Secretaries, Frank R. Fry, of St. Louis, and Thomas B. Hall, Marshall; Corresponding Secretary, C. F. Wainright, Kansas City; Treasurer, C. A. Thompson, Jefferson City.

Sedalia was selected as the next place of meeting.

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COLORADO STATE MEDICAL SOCIETY.

This association will hold its twenty-fifth annual session in Denver, June 18th, 19th and 20th, with Dr. Hubert Work, of Pueblo, its President, and Dr. C. K. Fleming, of Denver, Secretary.

At the meeting of 1894, it was resolved to offer a prize of $100 for the best essay on "The Diagnosis of Tuberculosis by Microscopical Examination of the Blood." Preference to be given to new evidence and the detection of the pre-tuberculor stage, all stages, however, to be included and microscopically differentiated. Paper to be condensed to be read in thirty minutes' time; to be in type writing, and the authorship kept secret till the award of the examining committee is made known. The prize to be open to any one. Essays to be written in the English language. Accuracy of definition and clearness of diction to be considered. The rules to be observed enabling a diagnosis to be made from the blood alone without the patient being seen. Dr. Chas. Davison, S. E. Sully, H. A. Lemen and S. A. Fisk were appointed committee on award of prize.

Railroads have reduced rates. A most excellent program has been prepared, and the profession of Denver promise a general good time.

DR. J. E. SUMMERS, JR.

We present our readers this month with a photo-gravure likeness of Dr. J. E. Summers, Jr., President-elect of the Nebraska State Medical Society, and the Western Association of Obstetricians and Gynecologists. Dr. Summers is personally known to a great many of our subscribers, who will doubtless be glad to hear that honors are coming upon him thick and fast. In connection with his portrait, a brief sketch of his medical career will prove interesting:

Dr. Summers is thirty-seven years of age, and a graduate of the College of Physicians and Surgeons, New York City, class of 1881. He is the son of Colonel J. E. Summers, U. S. Army. Soon after graduating in medicine, Dr. Summers entered the army, serving in the West for two years, when he resigned and went to Europe, where he remained two years devoting himself to the study of surgery. On his return from abroad, he entered the practice of surgery and gynecology as a specialty in the city of Omaha. Dr. Summers has been the Professor of Principles and Practice of Surgery and Clinical Surgery in the Omaha Medical College for a number of years; is the surgeon-in-chief to the Clarkson Memorial Hospital, and visiting surgeon to the Douglas County Hospital.

Dr. Summers was married a short time ago to the daughter of Mr. Geo. Hoagland of Omaha, and the granddaughter of Mr. Geo. T. Hoagland of St. Joseph. His contributions to medical journals have been numerous and characterized by sterling worth. A great career of usefulness has opened before him, and his friends believe that he will prove himself equal to any responsibilities thrown upon him.

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JOURNAL LIST OF ST. JOSEPH ACADEMY OF MEDICINE.

The St. Joseph Academy of Medicine has secured a number of the leading medical periodicals of the United States, and placed them on file in a neat cabinet at the public reading-rooms of the Y. M. C. A. These periodicals are intended for the use of any legal practitioner, or any medical student. They are, therefore, intended for the medical public irrespective of membership in the Academy. Any subscriber to the MEDICAL HERALD who may come to our city is invited to make use of these journals. The reading room is the most pleasant one in the city, and every convenience is at hand for quiet reading. No one is allowed to remove the journals from the room. Below is given a list of those now on file. The number will be increased from time to time.

Alienist and Neurologist,
Annals of Surgery,
American Medico-Surgical Bulletin,
Brooklyn Medical Journal,
Bulletin Johns Hopkins Hospital,
Bulletin Amer. Academy Medicine,
Buffalo Medical and Surgical Journal,
Cincinnati Lancet-Clinic,
Courier of Medicine,
Chicago Medical Recorder,
Denver Medical Times,
Gaillard's Medical Journal,
Index Medicus,
International Medical Magazine,
International Journal Surgery,
Journal Electro-Therapeutics,
Journal Amer. Medical Association,
Journal Cutaneous and Genito-Urinary Diseases,
Kansas City Medical Record,
Kansas City Medical Index,
Kansas Medical Journal,
Missouri Sanitarian,
Medical Bulletin,
Medical and Surgical Reporter,
Medical Record,
Medical News.
Medical Review,
Medicine,
Medical Fortnightly,
Medical Mirror,
Matthews' Medical Quarterly,
MEDICAL HERALD,
North American Practitioner,
New York Medical Journal,
New York Polyclinic,
Occidental Medical Times,
Omaha Clinic,
Pacific Medical Journal,
Quarterly Journal Inebriety,
St. Louis Clinic,
St. Louis Med. and Surgical Journal,
Sanitarian,
Tri-State Medical Journal,
University Medical Magazine,
Virginia Medical Monthly,
Yale Medical Journal.

DANIEL MORTON, Secretary.

Elected.—At the annual meeting of the Illinois State Medical Society officers were elected as follows: President, Dr. O. D. W. Graham, Chicago; Secretary, Dr. John B. Hamilton; Treasurer, Dr. George N. Kreider, Springfield. Resolutions were adopted denouncing the pharmacy bill now pending in the Legislature. The next meeting will be held at Ottawa.

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THE PHILOSOPHY OF ANTISEPSIS.

Antisepsis is the state or condition of organic matter in which putrefactive or fermentive changes cannot occur. The state or condition is both natural and artificial; natural, in the normal fluids and tissues of living organisms, and artificial, in fluids rendered incapable of such changes.

The agents of putrefactive and fermentive changes are micro-organisms —unicellular beings, and the *modus* of their action is vital and nutritive. Hence these processes are vital and not chemical.

The vital force is the prime and great antiseptic of the living world. Its work is stable as respects the organic subsiances which it forms. These chemical compounds—chemical so far as their constituent elements are concerned—are more stable of composition than are the compound molecules of the organic world. These undergo decomposition and are recomposed under the action of physical agents. But organic substances, the products of vital action, resist the action of these agents, and remain wholly unchanged. Chemical force is not an appointed agent of their decomposition. Their decomposing force is the vital force, active in a living cell, and there operating through living matter whose function is katabolic. The function of the vital force in living matter during the process of growth is anabolic or constructive, and its products, whether solid or liquid, are not susceptible of the ordinary action of physical agents, or of micro-organisms. Hence the natural state or condition of the living organism, all of whose organs are normally active, is that of antisepsis. None of its tissues or secretions are susceptible of putrefactive or fermentive changes, because they are all anabolic. The excretions only are subject to such changes, because they are katabolic products. In these products micro-organisms multiply rapidly. Their germs—the egg state of their being—fall into or upon excretory products, and in them find their pabulum. When tissues or normal fluids of the organisms have been removed from the body, and exposed to the moisture and warmth of the atmosphere, putrefactive changes are observed to begin; and when the cause of these changes are sought, it is found in the presence of micro-organisms which continue to feed on the organic matter until they perish in their own excretions, having in their life-time consumed a great deal of organic matter, and excreted much more in the form of inorganic substances, or in the inferior grades of organic matter; in this way gradually transferring the elementary constituents of organic matter to their native state in the inorganic realm of nature. Their chief work, their intended work is katabolic. The vital cells of the excretory organs of macro-organisms do the same work. The carbonic acid and water exhaled from the lungs and the inorganic salts of the urine have a like origin. In the metabolic changes following or attending vital action in all parts of the

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living organism, the anabolic tissues become katabolic substances, in which changes new substances are formed, some of purely inorganic composition and some of a lower organic structure, these to become the subject of further change by the action of individual unicellular organisms whose initial forms are ever present in the atmosphere.

Changes in the fluids and tissues of the body, resembling the normal katabolic, take place in the body under the influence of morbific agents, by whose action abnormal substances are produced in the body; substances which are, in a greater or less degree, susceptible of the action of micro-organisms. Being morbid products, they are abnormal, no longer capable of use in the body, and hence are excretory, and therefore, more or less toxic to the organism. They are eliminated from the body by the actions of its own agents alone, or under the influence of what are called remedial agents, and the body returns to the normal state or condition.

Artificial antisepsis is that state or condition of organic matter which presents such matter in a state of preservation from the action of micro-organisms in their germ state. The antiseptic state is effected by substances which are, at least, not a food or a nidus for germs or spores of any species. Thus, if urine be impregnated with carbolic acid, it will remain unchanged indefinitely, and no organisms will be found in it. If animal tissue be immersed in a solution of the red chromate of potassium and alcohol no organism can attack it. The germs, though abundant in the solution, cannot germinate or develop into matured individuals, even though they be not destroyed. As germs cannot be seen by any power of the microscope, we cannot tell whether their non-development arises from their death or the non-presence of a suitable nidus or food. When an incised wound is closed by stitches, the closure does not exclude germs. These cannot, in any such cases be excluded; but they may be prevented from developing into matured individual organisms. If the traumatic inflammation is not sufficiently high to produce an abnormal product, the blood attaching to the surfaces of the wound, acting as an antiseptic, will prevent the development of the germs present, as often happens; but if the inflammation shall run so high as to give rise to an abnormal product in the wound which can be attacked by micro-organisms, then such a result may be prevented by protecting the wound by an antiseptic. In case of an open, superficial ulceration, the formation of pus can be prevented by interposing an antiseptic. While this does not form a barrier to the access of germs, it does render their development impossible, since no living thing can develop to maturity without the necessary food, and that unaffected by the presence of a toxic substance. The products of secretion are food for micro-organisms; but the so-called antiseptic so poisons the secretion that the germs or spores are either killed or prevented from developing. Hence the repar-

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ative secretion continues its physiological work without being interrupted by the excretions of micro-organisms. While the organisms do not decompose the secretion, except so far as they consume it as food, yet the presence of their excretions spoil the secretion as a reparative fluid. Thus it is on ulcerating surfaces; the repair goes on by means of the film of the physicological secretory fluid immediately in contact with the surface to be repaired and under the mass of the secretion altered by the action of micro-organisms by the thorough mixture with it of their excretions. Where antiseptic dressing is used, the secreted fluid does not undergo change, and hence no pus appears on the secreting surface, though germs and spores are present in as great an abundance as when no antiseptic dressing is used.

When the local inflammation, backed by a corresponding state of the organism is such that the secretion thrown upon the imflamed surface, is pathological when secreted, the excretions of micro-organisms which substitute themselves almost entirely for a morbid secretion, form on the surface a pseudo-membranous substance—called zoöglea when formed on the infusions of animal substances, and thus tend to hold their toxic substances in contact with the inflamed surface; so that when the powers of resistance on the part of the organism have been so reduced that the expulsive lymphatics are no longer able to push back, as it were, the toxic substances of the micro-organisms, these may be absorbed, and terminate the vital contest by their toxic effect on the vital cells of the organism.

Thus, it is seen that the work appointed micro-organisms in the economy of nature, when employed in diseased action, is mild or active, according as the living organism, by its native forces, resists the toxic excretions of micro-organisms present as germs in the fluid, whether internal or external.

NEW ORGANIZATION.

A permanent National organization of the various State Medical Examining and Licensing Boards, was effected at the American Medical Association meeting, May 9th, 1895, at Baltimore, Md.

Officers were elected for the ensuing year as follows: W. W. Potter, M. D., President, Buffalo, New York; J. M. Hays, M. D., Vice President, Greensboro, N. C.; B. M. Griffith, M. D., Springfield, Ill.

Committee to draft constitution and by-laws.—Charles McIntyre, M. D., Easton, Pa.; W. W. Potter, M. D., Buffalo, N. Y.; N. Payne, M. D., Albany, N. Y.

The purposes of the association are to establish a uniform schedule of requirements for all medical colleges and examining boards, and assist in perfecting a method for higher medical education.

B. M. GRIFFITH, M. D., Secretary, Springfield, Ill.

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PAY UP!

The following means that those who are not "up to date," should hasten to be so. Procrastination on the part of many makes a good deal of difference in the state of the Association's treasury. Delay not. Strain a point if need be.—[ED.

MEDICAL ASSOCIATION OF MISSOURI,
OFFICE OF TREASURER, JEFFERSON CITY, MO., May 28, 1895.

DEAR DOCTOR:—Your especial attention is again called to the amended by-laws of the Association, of which you are a member. See article three (3), section six (6) also sections four (4) and five (5), article one (1):

SEC. 4. Any physician, after having been admitted as a member of this Association shall retain his membership by the payment of an annual fee of three dollars, at each annual meeting, as long as he is in good standing in his profession. By non-payment of dues for three (3) years membership is forfeited.

SEC. 5. The annual dues to be paid by all members (other than honorary members) shall be three dollars, and each member shall be entitled to a copy of the Transactions.

By complying with this provision of the amended by-laws, he will retain his membership and right ultimately to permanent membership, as provided by said amendment to the constitution and by-laws. Early payment of such dues will secure the enrollment and appearance of your name in the forthcoming annual transactions of 1895.

Dues for 1894 delinquent. Dues for 1895 delinquent.

Very respectfully,
C. A. THOMPSON, Treasurer.

Military Surgeons.—The military surgeons elected these officers May 23rd: President, Louis W. Reed, Norristown, Pa.; Vice-President, Albert L. Ghion, Washington; Secretary, Eustathias Chancellor, St. Louis, Mo.; Treasurer, Lawrence C. Carr, Cincinnati, O.; Editor, W. P. Harvey, U. S. A. Philadelphia was chosen as the place for the convention next year.

The Georgia Medical Association elected for the year: President, Dr. F. M. Ridley, of La Grange; Vice-Presidents, Drs. Wm. H. Doughty, of Augusta, and M. L. Boyd, of Savannah; Secretary, Dr. R. N. Taylor, of Griffin. To fill vacancies in Board of Censors, Drs. Charles Hicks, of Dublin; H. B. McMaster, of Waynesboro, and Howard Williams, of Macon.

A Defeat for Quackery.—A year and a-half ago a certain proprietary concern engaged in the exploitation of a so-called "cure" for tuberculosis had arrested, and instituted a suit against Dr. James E. Reeves, Chattanooga, Tenn., on the charge of sending defamatory matter through the mails. The bill in the criminal suit was ignored by the grand jury, and the trial in the civil suit came off on the 11th instant. It required ten minutes for the jury to render a verdict in favor of the defendant, Dr. Reeves. A similar suit against the editor of the Cincinnati *Lancet-Clinic* some time ago terminated in the same way. Dr. Reeves and Dr. Culbertson are to be congratulated upon the outcome of the suits.

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The Physician's Library.

OBSTETRIC SURGERY; By Egbert H. Grandin, M. D., Obstetric Surgeon to the New Maternity Hospital, Gynæcologist to the French Hospital, and George W. Jarman, M. D., surgeon to the same hospital, and Gynæcologist to the Cancer Hospital, etc.; with 85 illustrations and 15 photo-plates. F. A. Davis Co., Publishers, Philadelphia. 1895. Pp. 207.

The title of this book indicates the field of its design, and the contents show the subjects considered — all of a practical character. These are: Asepsis and Antisepsis; Obstetric Distocia and its determinations; Artificial Abortion and the indication of Premature Labor; the Forceps; Version; Symphysiotomy; the Cæsarian Section; Embriotomy; the Surgery of the Puerperium; and Ectopic Gestation. A chapter is devoted to each of these subjects, and they are treated in a clear and practical manner. The work will engage a general reading and a frequent reference. The text is illustrated by appropriate drawings and photographic plates.

THE DISEASES OF PERSONALITY; by Th. Ribot, Professor of Comparative and Experimental Psychology at the College De France, and editor of the Revue Philosophique. Published by the Open Court Publishing Co., Chicago. Authorized translation. 1891.

This book is taken up with the discussion of consciousness and personality of the animal organism. It is materialistic in that it does not clearly discriminate between the immaterial agent that lies behind the psychical phenomena of an animal organism and the material agent through which the immaterial or psychical entity operates in the production of phenomena. Then again, there is not a wholesome acknowledgment of the existence in man of a psychical personality which is not *of* the body, but simply a *pro tempore* tenant of it, which sustains connection with the external world through the psychical agent that belongs entirely to the living organism. The diseases which are personal, are, of course, of the organism; the psychical force or agent is only immanent with the organism during life; and as the psychical force of the organism is concerned in the development of the organism, disease must belong to the psycho-material, and not to the psychic, agent. Consciousness is an attribute of this psychic agent or entity, and is affected only as the psycho-material agent is morbidly affected. The *thought* in the book belongs to that nondescript, psychology, which is just now urging its way into notice, and presenting numerous phases kindred to, if not identical, with that *summum genus* called occultism. Such works as these have a charm for those who take pleasure in things which, if they could be known, would not profit.

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THE STANDARD DICTIONARY; (Funk & Wagnalls Co., 30 Lafayette Place, New York).

This work comes to us with large claims, which are more than justified by comparison with others of its class. It has been accorded a welcome by scholarly and scientific men and the intelligent public, which is entirely unprecedented. During the five years of the preparation 247 specialists have been constantly employed, each of whom is accepted as an authority in his sphere, to whom was committed the task of definition and description in his own field of exploration and research. A great gain has thus resulted in technical accuracy and clearness. The whole field of knowledge has been gleaned with painstaking care, insomuch that the vocabulary contains over 300,000 words, as against 225,000 in the six-volume Century, and 125,069 in Webster's International. In Electricity alone, something like 4,000 new terms have been entered and described. In all departments of the handicrafts verbal description has been supplemented by illustrations, without which it would be impossible to carry a correct idea of delicate apparatus or intricate processes. In all, there are over 5,000 illustrations, including a number of full-page pictures, and also colored plates from the celebrated house of Prang & Co. Nearly 500 readers of quotations have sought out passages to verify and illustrate the meaning of words, the places of the quotations being so indicated that they can be found easily—the name of the author, the title of the work, volume, chapter and page, and the name of the publisher and date of publication being given. A system of grouping related words and terms has been employed, giving an encyclopedia treatment which is brief, yet full and exact. For instance, under *architecture* the reader is referred to twenty other words, representing the leading types into which architecture is historically divided. Again, the general reader often finds himself at a loss to recall a word. Knowing the branch to which the elusive word belongs, he turns to that and finds a list of the principal terms used in it. Such lists are found under *printing*, *mining*, *agriculture*, etc. In the majority of instances, a dictionary is consulted for one of three things—spelling, pronunciation, or every-day meaning. The spelling of every word in the Standard has been attentively considered by the eminent philologist, Prof. F. A. March, LL. D., of Lafayette College. To aid in the matter of correct pronunciation, an advisory committee of 50 persons, representative scholars in all parts of the world, was selected. The "Standard Phonetic Alphabet," prepared by the American Philological Society in harmony with the accepted principles of the Philological Society of England, has been adopted to indicate the pronunciation of words. This system has a decided superiority over the old intricate one, which employs

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a great number of confusing diacritical marks. In definition, the cardinal principles have been clearness, exactness and comprehensiveness. The etymology is placed after the definition. Not one time in a hundred when the dictionary is consulted, is the etymology studied, and many have been confused and discouraged at the outset by signs and abbreviations, and the foreign or other strange words. However, the scholar who wishes to study the history or derivation of a word, will not find this point neglected. More space has been devoted to synonyms and antonyms than in any previous English Dictionary. Comparison and contrast thus bring out the shades of meaning on which accuracy of usage depends. A cursive glance at the Appendix reveals a store house of valuable information. Here is collected in one vocabulary order the names of countries, states, counties, cities, towns, provinces and rivers, noted names of fiction, all names of persons (not living) of any note, all Biblical names (for pronunciation), together with a large amount of miscellaneous material. Here, also, is the Glossary of Foreign Expressions, the preparation of which has been the special task of that scholarly, wide-reading, and infinitely pains-taking critic, Professor Wilkinson, of the Chair of Poetry and Criticism in the University of Chicago. The verdict of the people must be that of *Nature*, London, Eng., which says: "It passes the wit of man to suggest anything which ought to have been done that has not been done, to make this Dictionary a success."

Pamphlets Received.

Morphinism in Medical Man, by J. B. Mattison, M. D., Brooklyn, N. Y.
Notes on Gynecological Technique, Hunter Robb, M. D., Baltimore, Maryland.
Asepsis in Minor Procedures, by the same.
Functional Dyspepsia—So-called R. C. M. Page, N. Y. Polyclinic.
The Production of Diseases by Sewer Air, Abraham Jacobs, New York City.
Modern and Humane Treatment of the Morphine Disease, J. B. Mattison, M. D., Brooklyn, N. Y.
Massage in Gynecology, Oslay J. Mayer, M. D., San Francisco, Cal.
Bloodless Vaginal Myomectomy, by the same.
Skin Grafting for Malignancy of the Orbit Flavel B. Tiffany, M. D., Kansas City, Mo.
A Needed Reform in Abdominal Surgery, E. H. Pratt, M. D., Chicago, Ill.
Notes on Gynecological Technique, Hunter Robb, M. D., Baltimore. Reprint from N. Y. Jour. of Gynecology and Obstetrics.
Practical Application of the Principles of Sterilization, R. C. M. Page. Reprint from the American Journal of Obstetrics, No 1, 1894.
An Operating Table R. C M. Page. From Johns Hopkins Bulletin.
Stomatitis Neurotic Chronica, A. Jacobi, M. D. Reprint from Transactions of the Association of American Colleges, 1894.
On the Therapeutic Value of Spermines, G. Krieger, M. D. Read before the Chicago Medical Society.
Differential Diagnosis of Alcoholic Coma from other forms of Coma, With Especial Reference to The Care of Persons Found by the Police, on the Streets, in a Semi-Comatose Condition, by Lewis D. Mason, M. D From the Quarterly Journal of Inebriety, July, 1894.
The Value of Pain as a Symptom in the Diagnosis of Uterine Disease;
Some Observations on the Therapeutic Treatment of Uterine Fibroid, with Report of Cases;
The Use of the Curette in the Treatment of Septic Injection of the Uterine Mucous Membrane;
Operation for Partial or Incomplete Laceration of the Perineum, with Relaxation of the Pelvic Floor, Chas. W. Adams, A. M., M. D., Kansas City, Mo.
Lectures on Rectal and Gastro-Intestinal Surgery, with Demonstrations;
Modifications of Kraske's Method of Excision of the Rectum;
Gastro-Enterostomy Made Within Two Minutes Without Suture, Ligature or Forceps, with a Modification of Murphy's Button, by H. O. Walker, M. D., Detroit, Mich. Reprint from Mathews' Medical Quarterly, July, 1894.
Skin Grafting for Malignancy of the Orbit, by Flavel B. Tiffany, M. D., Kansas City, Mo. Read before the N. Texas Medical Ass'n, Sherman, Texas, June 20th, 1894.

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SOCIETY GATHERINGS

MISSOURI STATE MEDICAL ASSOCIATION.

First Day's Session.

Officially Reported for THE MEDICAL HERALD.

Mergenthaler Typesetting Machine.

The thirty-eighth annual session of the Medical Association of Missouri convened at Hannibal, Tuesday, May 21, about two hundred members and visitors in attendance. The meeting was called to order at 10 a. m., by the president, Dr. J. M. Richmond, of St. Joseph. Mayor Albertson of Hannibal, delivered an address of welcome on behalf of the city, extending to the association the freedom of the city. Dr. J. N. Baskett welcomed the society on the part of the medical profession of the city. Dr. Richmond responded

In response to the kind words we have heard from the mayor of your city, and Dr. Baskett, I would say in the first place that perhaps in the thirteen years that have passed since our society met here before, many of you have forgotten how we appreciated your hospitality at that time. But we, as visitors, have not forgotten it; we are an appreciative body, as you will see next Thursday evening after our convention has closed. We certainly appreciate the kind words that we have listened to and will appreciate all the courtesies extended to us. I, in behalf of the association, extend thanks to the citizens of Hannibal for their good will and good cheer extended us.

DR. HAL FOSTER, of Kansas City, read a paper on "Adenoid Vegetations of the Vault of the Pharynx and their Relation to Middle Ear Diseases.' Adenoids of the pharynx are undoubtedly responsible for at least one-half of the pathological conditions of the tympanumand even many cases of deafness of ological conditions of the tympanium and even many cases of deafness of childhood by extension of a purulent inflammation from the throat through the Eustachian tube. Repeated nasal "colds" of an inflammatory character obstruct the vault of the pharynx and lead to the development of these adenoids, so that these conditions are much more frequent in cold, moist climates. The lymphnoid tissues are very apt to be left diseased after scarlet fever, diphtheria and measles and as a consequence adenoids of the pharynx are a frequent sequel. Postpharyngeal growths are by some authors classed under two heads: (1) Hypertrophy of the pharyngeal tonsils and (2) Adenoids. Probably these are but two forms of the same disease. The symptoms are characteristic: The children are pale, weakly, with pinched nostrils, the thorax drawn in, a "dead voice;" they are mouth "breathers," are often stupid at school, troubled with nocturnal enuresis, suffering often with "colds in the head," and later many of them grow deaf. Hence specialists should treat the nose, throat and ear instead of the "eye and ear"as is usually practiced. The treatment should consist of excision of the tonsil and afterward the removal of the offensive tumors. This may be done with the finger nail in young subjects, but the older the growths are harder and so require the use of the curvette, snare, forceps or cautery. The last named is not a desirable agent; the curvette is best. Chloroform should be given in every instance—not to full narcosis, but enough to dull the pain; if full anesthesia be secured the blood will run into the throat and trachea and produce disastrous effects, but if only partial the blood will be expelled by coughing. A gag should be employed and the head inverted to keep the blood out of the throat. When the adenoids are removed the gag is taken out and the patient turned upon the side to allow the blood to run out. The patient should be confined to bed for three or four days.

DR. T. E. MURRELL, of St. Louis, protested against the universal use of

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chloroform in these operations as usually the operation can be done without the danger of the anesthetic.

DR. J. E. LOGAN, of Kansas City, thought that 50 per cent is too low for the proportion of adenoids causing some trouble of the middle ear; 65 per cent is more nearly correct.

P. L. KABLER, of Hannibal, expressed himself as opposed to chloroform except in the very worst cases.

DR. FRANK R. FRY, St. Louis, read a paper, "The Signs of Degeneracy in Various Diseases of the Nervous System." Degeneracy, he said, means a loss or impairment of the natural or proper qualities, or of qualities peculiar to a race or kind or type. The theory is that marked signs of this degeneracy are manifested in stigmata. By means of these it is claimed that it can be told whether a man is of stable or unstable character. a normal person or a degenerate. About 5 per cent of all individuals have some stigma. The object of the paper is to indicate the practical application of facts already well known; but this must be rather unsatisfactory as we are not yet able to go into the refinements of the subject. All stigmata may be classed under one of three heads

1. Somatic or anatomical.
2. Physiological.
3. Mental.

Each embraces many important items. 1. The anatomical stigmata may be divided into (a.) General, as congenital shortness of height, the left side longer than the right, general feebleness of the constitution, etc. (b.) Cranial, as asymetry of the skull (especially in the frontal region), short parietal arch (notably in epilepsy), a short frontal arch and peculiar conformation of the head, viz; Trigonal scaphocephalic and plogiocephalic. (c.) Muscular, as unequal development of the two sides of the face, and depression over the glabella. (d.) Deviations from symmetry, as long, irregular and prominent ears, bad teeth, deviation of the nose, deformed genitals, etc.

2. The physiological stigmata are not quite so well marked, but are sometimes very distinct. The chief ones are (a.) Deficient vital or organic functions (weak heart and low arterial tension); (b.) Lowered vaso-motor vitality, as shown by persistent coldness of the extremities; (c.) Chronic constipation without decided organic cause; (d.) Sexual perversions.

3. The psychical first attracted attention. The principal ones already known are (a.) Feeble or erratic mental activity, with unstable will. (b.) Lack of emotional control. (c.) Deficient moral sense.

Many of these stigmata are of little significance in themselves. But they are of importance, particularly as having a bad prognostic value in cases where the neuroses or psychoses develop. In neurasthenia they are of more import many times than are the "reflex causes" to which so much attention has been paid of late—astigmatism asthenopia, tender ovaries, lacerated cervix, etc. The lesson is that when any of the stigmata are present we should not confine our treatment to the single removal of the cause, but vigorously combat the degenerative tendency of the nervous system by proper internal medication. And they should also greatly influence our prognosis in such cases—they are destined to be always neurasthenic in spite of any medication or line of treatment. We should operate to remove diseased conditions, surely, and correct any ocular or other irritation; but we should never promise a cure therefrom when any of the stigmata are pronounced. The same is true of hysteria, epilepsy, insanity, etc., apparently caused by some local irritation. Mental stigmata are just now prominent on account of their recent introduction into murder trials. Physicians should be careful not to lay too much stress upon these signs in establishing criminality, yet give them all due credit in determining the existence of insanity.

DR. M. P. SEXTON of Kansas City, expressed himself as an optimist as regards the degeneracy of the Nation; while individual degenerates are becoming more numerous the world as a whole is moving in the right direction. But on account of their prognostic and legal importance we should make a more careful study of these degen-

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erates; and of the physical condition of all of our patients. We have not yet a sufficiently definite knowledge of the subject to be of much practical value, but it is necessary we should give it much more thought and attention than in the past.

DR. W. F. MITCHELL of Lancaster, discussed the subject of "Rational Medicine." He claimed that scientific medicine has advanced equally with chemistry, physics and the higher mathematics. So great has been the progress that we no longer employ any agent empirically, but subject it to the experimental ordeal based upon physiological grounds; if it cannot stand the test it is rejected. As a consequence we are not sticking closely to Galenical preparations, but adopting new remedies and combinatins regardless of their origin. He favored proprietary articles. He inveighed against professors in medical colleges, claiming that most teach not for profit nor yet for the advancement of science, but for personal gratification and advancement; he believed the time has come when we should put a stop to this kind of work by ceasing to seek consultation, etc., with these self-elected "leaders" of the profession. Many of them give testimonials for patent medicines—just as bad as the doctors of divinity. He made an attack on newspapers for helping quack doctors and medical college professors by free advertising, etc., and ended with a plea for rationalism in practice. The doctor who practices rational medicine, he said, is the one who saves the innocent and delivers the criminal over to justice; who stands by the injured in determining the capacity of individuals to dispose of property; who prevents hanging of the truly insane and removes lunatics from the jail to the hospital; who educates the blind, deaf and dumb; who instructs the people as to food, and hygiene; who prevents epidemics; who condemns the use of alcoholic liquors as beverages; who treats dipsomania, cures women of their ailments, employs systematic massage, Swedish movement, avails himself of the advantages of hydrotherapy, electrotherapy and prescribes such remedies as his judgment dictates.

DR. T. E. MURRELL, of St. Louis, considered it an outrage the way patent medicines are endorsed, advertised and sold. There are many doctors in the country who actually dispense patent medicines to their patrons, and many in the city who do just as bad, prescribing "Castoria," "Pond's Extract," and the like. It is the duty of the physician to educate the people against the use of such things and to induce the legislature to pass laws requiring publication of formulae upon every package of patent medicine. So far as the newspapers are concerned, they are beyond hope. For example, a traveling, advertising quack once came to Hot Springs, claiming to cure all eye diseases; he found a case of cataract, knew he could not cure it and so only gave some ointment, subsequently writing to Dr. Murrell, asking him to operate on the case, divide the fee and not let it be known that the traveling charletan did not cure the case. When this matter was offered the newspapers of Hot Springs they refused to allow any notice of it to appear in their columns. This is a sample of newspaper "honesty" toward the medical profession.

DR. KABLER said that physicians are not above censure themselves. They recommend proprietary and patent medicines more frequently than do any other class of men.

DR. J. F. BINNIE, of Kansas City, reviewed the "Pathology of Tubercular Arthritis." He regarded the fact as now well established that strumous joint disease owes it origin primarily to the bacillus tuberculosis, brought into activity by a slight trauma, a light inflammation, or by an embolism which usually is located in the epiphyseal ends of bones, primary synovial tuberculosis being rare. So if osteal tuberculosis can be recognized and located before the proper structures of the joint become implicated much trouble can be prevented by early operation. In old people the tendency of tubercle in joints is always to break down into pus at an early day—hence the prognosis is not so good as in young subjects. In adults the tubercle sometimes affects the synovial membrane first; these

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are the cases which yield so readily to iodoform injections, cure being effected by absorption of the diseased tissue and replacement by healthy granulation tissue. In osteal disease the same result may be obtained and even small sequestra may be absorbed and replaced by healthy bone tissue provided there be no mixed infection—that is, infection with the staphylococci of pus. The liquid, caseous matter which is sometimes met in aspiration of joints or in operation, should not be regarded as true pus unless the microscope reveals the peculiar organisms of pus; the lesson is not to relax aseptic precautions simply because a creamy, purulent-like liquid is found to be present.

DR. T. F. PREWITT, of St. Louis, discussed the "Treatment of Tubercular Arthritis." He favored immobilization by fixation, especially in young subjects; also injection of iodoform emulsion or a solution of bi-chloride of mercury into the peri-articular tissues. Too little attention has of late been paid to hygiene, fresh air and internal medication. Codliver oil is a time-tried remedy usually given in too large doses. Guaiacol and creasote have given excellent results—the latter particularly. Hypophosphites, in the form of the compound syrup, acts well where oil is not well borne. But in older patients fixation of the joint and intra-articular injections frequently do not check the disease. When this is the case operation must be resorted to. The operation now most in vogue is curettage, which is always advisable where the bone only is diseased, the synovial membrane not yet being attacked. Later erasion, or a typical resection is indicated opening the joint freely under irrigation, cutting away all diseased areas, packing the cavities with dry iodoform and draining with gauze. Excision or resection, and amputation must be left as the last resort, particularly in children.

DR. A. L. FULTON, of Kansas City, could not believe that a slight trauma is the cause of the local tuberculosis—it is preposterous. Every case of joint tuberculosis originates outside the joint, the tuberculous focus being found nearly always in the cancellous tisue where the lymphatics are numerous, the tissue exceedingly vulnerable and histologically so constructed as to be not easily repaired; this is what really constitutes the so-called "locus minoris resistentiae." The outdoor treatment is decidedly the best, but immobilization is not of so much value as usually taught; in fact joint fixation is often accountable for many bad results which passive motion might have prevented. Iodoform injection will cure fully 80 per cent of cases seen early—and it is especially good just at the beginning of suppuration. The patient should be allowed to use the iodoformized joint as much as he likes. The bad results that have been reported from the use of iodoform emulsion come from the fact that too little iodoform was used at the site of disease, most surgeons being afraid of iodoform poisoning; there is really little danger except in hydrops articuli, where the emulsion is widely disseminated. In one case in his practice 112 grains did cause serious symptoms when thrown into two joints simultaneously. But the injections cured the disease promptly.

DR. A. J. STEELE, of St. Louis, declared he could say amen to all that had been said excepting the injection of iodoform. If the disease, as is claimed, is extra-articular, the chances are greatly against the iodoform reaching the affected tissue. There can be no doubt as to its efficacy in curing synovial tuberculosis when the bone is not very seriously diseased. But in primary osteal tuberculosis, especially in young persons, early immobilization and good internal treatment and food will cure a large proportion of cases. Air and sun seem really the best treatment, even in little children with hip diseases it is best to put on a stretcher-splint and send the little ones out; later when the muscles become relaxed a portable splint can be applied. Passive motion should be instituted as soon as the inflammatory symptoms subside. No operation is required in a large majority of cases.

DR. JACOB GEIGER, of St. Joseph, agreed as to the majority of these cases being extra-articular in the beginning, though a few are unquestion-

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ably primarily synovial in origin. But slight injuries are certainly the exciting cause as has been clearly demonstrated many times; a lowered vitality and other signs of a "strumous diathesis" are present in these cases. Extension and fixation are essential, generally, to prevent deformity. Tar is a good remedy for tuberculosis, but creasote is a delusion. The chief indication is to improve the general condition. Gold and manganese seem to be the best agents for this purpose. By reason of the excellent results now obtainable by iodoform and curettage excision and amputation are not now necessary except in rare cases where osteomyelitis is very marked.

DR. BINNIE believed immobilization good in early tuberculosis—no one can doubt that it is Nature's method of cure. Zinc chloride injections have given almost as good results as iodoform, but the latter possesses the advantage in that if it does not do any good as a curative measure it prepares the joint excellently well for operation; hence the emulsion may well be thrown around the joint at the same time it is injected into the joint. Guaiacol in doses of three to five drops three times daily certainly does do much good and should be now regarded as a part of the routine treatment.

DR. PREWITT thought there has been too much confusion as to the pathology. Whether it manifest itself as a fungous arthritis, a hydropsarticuli, a synovitis, or otherwise, it should be considered tuberculosis regardless of the manifestations—they are all one and the same thing as to character. The chief question is: How to deal with a chronic joint inflammation? The ideal treatment is to remove the diseased foci where they can be located; otherwise iodoform injections must be employed. Where the disease is far advanced curettage and packing seem to be almost universally accepted as the proper treatment, severe operations being done only as a dernier ressort, something to be thought of only after all other lines have failed.

DR. L. J. MATHEWS, of Carthage, read a paper upon the subject of "Immunity from Disease—Natural and Acquired." He said there are certain forces in the human economy which we must recognize. Vital or life force, and the natural resistance of the body to disease are factors that cannot be ignored—they are too important in the question of treatment of disease. We say a man has immunity when he is not affected by agents which usually cause disease; as the ambulance driver in St. Louis, who spent twenty-five years in transporting all sorts of disease and then died from a chronic disease; this was natural immunity; had he contracted some of these diseases and then been unable to have second attack, or had he had protective inoculation (as vaccination) this would have been acquired immunity. There are numerous instances of natural, even of racial immunity; thus the negro is not susceptible to yellow fever and only slightly so to malaria. Then there is individual immunity. The questions naturally arise: What is this? What keeps certain people from taking disease? If we can discover the causes cannot we supplement them? We are approaching the solution of these grave problems. We have found that many—indeed most diseases depend upon specific germs. Infection by these germs is due to the non-resistance of each individual to that particular form of disease, or its germ. Were it not for this natural immunity whole communities would be swept away at every epidemic. The question of greatest import now is not how to destroy the germs of disease or prevent their multiplication but how to render the individual immune. We know there must be a lowering of vitality somewhere, as a germ cannot affect a perfectly healthy tissue—cell action is too strong; phagocytosis is the protector. The inference is therefore that natural immunity is nothing but absolutely perfect health. But it is claimed that the typically healthy man rarely exists. So complete immunity to all disease is rarely met. Yet the lesson is that by improving the general condition, by attention to the laws of health, by exercising common sense in contracting matrimonial alliances, etc., we can build up this natural immunity to a marked degree. Previous attacks

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also immunize in some cases, notably variola, whooping cough, measles and scarlet fever; acting upon the principle Jenner did his work in variola; the antitoxines are the result of the same theory carried out thus far with very encouraging results in some cases; but the diphtheria antitoxin does not render the patient immune to future attacks, as one patient cured of the disease subsequently died of a second attack; and the sequelae of diphtheria are said to follow cases treated by this remedy just as if the disease had been allowed to proceed. The latest application of immunity to treatment is the cure of phthisis by injections of the blood serum of the horse, an animal naturally immune to tuberculosis. Tetanus also seems to promise much But all that is claimed in regard to these must not be accepted until better established. The cure of none has as yet been unquestionably proven. Modern investigators are much too eager to publish their "discoveries;" they should follow the example of Jenner who waited twenty years before giving the world the results of his investigations.

DR. C. LESTER HALL, of Kansas City, was inclined to think the future of medicine and of practical therapeutics lies along these lines—there is much more to hope for than from the empirical methods of the past. The use of such agents as the blood serum, nuclein, antitoxin, etc., together with preventive medicine and sanitation will constitute the management of disease in the near future. We are at present in a sea of uncertainty but something is being done for good.

DR. J. P. THATCHER, of Pisgah, recited the history of "Three Cases of Pleuritic Effusion," with remarks. The first case was a Prussian soldier who had a simple pleurisy with effusion. He was given a quantity of whisky, and aspirated while under its influence, two or three quarts of thin, watery pus being withdrawn. He was discharged in two months completely cured. Under resection he would have been confined to his bed much longer and would have had much chest deformity therefrom, whereas he now is in such perfect shape as to be again in the army.

The second case was a girl of 15 years, illy developed, who had a suppurative pleuritis following pneumonia. She was first aspirated; then as the pus re-accumulated a small drainage tube was inserted and she gradually recovered without resection and without much chest deformity.

The third case was a girl of 4 1-2 years who had pneumonia and then pleuritis. She was aspirated and fifty ounces of pus removed; later a drainage tube was inserted and irrigation with dioxide of hydrogen practiced. She was discharged cured in ten weeks, the drainage tube being removed in the seventh week. All cases had syrup of hydriodic acid with strong tonics internally.

From these cases the conclusions are drawn that (a.) Resection is never justifiable in simple effusion. (b.) Aspiration is all that is needed for serum and for fluid blood. (c.) Simple drainage is all that is needed in many cases of empyemia. (d.) Resection should be reserved for patients beyond middle life.

DR. C. F. WAINWRIGHT, of Kansas City, contended that the first case was one of simple pleuritis with effusion, that belonged to a class in which no man would do anything more than aspirate and give medicine internally; but extreme care must be exercised in such cases not to infect the patient by aspiration, transforming a simple effusion into a purulent accumulation by the introduction of germs from the skin or through the lung by carrying the needle through into lung tissue. The other two cases were children, and it is a well known fact that children recover from empyema by aspiration only, without chest deformity, if treated early enough. But if the essayist were to try to carry out the same line of treatment with adult patients only disaster would attend his work. Here free drainage must be provided for by a large opening in the chest wall and if the lung does not expand when the pus is evacuated portions of several ribs should be excised so as to allow collapse of the chest walls since cure cannot be accomplised except by allowing the two walls of the pleura to come in contact. It may be said, too, that

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aspiration in the adult is rather more dangerous than free incision. The cases reported show that empyema follows pneumonia much more frequently than is generally believed.

DR. EDWIN BORCK, of St. Louis, agreed upon the necessity for a large opening in adult patients, even for free drainage alone as there is great difficulty in getting a small hole to remain open. In eight cases in his practice he did not resect a rib but made a wide opening and inserted a wide, flat, glass drainage tube something like the old Ferguson speculum. Through these irrigation and drainage were carried on perfectly. Collapse of the chest is not necessary in young patients unless the accumulation has persisted a long time.

DR. GEORGE F. JENKINS, of Keokuk, Iowa, said there must be a difference in our treatment according to the character of the pleuritis, i. e., acute or chronic. A pleuritis of more than four weeks' duration must be regarded as a chronic pleurisy, and then aspiration in the most rational treatment for simple cases, resection and drainage in purulent ones; but simple drainage will suffice in empyema of childhood. As to aspiration of serum, a good rule is to remove the fluid if the effusion extends above the nipple, and does not disappear under the use of remedies like pilocarpine, it saves nature from the effort of absorption and allows all her energies to be directed towards building up the patient—a most important item. But when the lung is bound down by strong bands, as often the case with a chronic pleurisy, there is nothing to do but resort to surgical measures. If the bands can be broken up and the lung allowed to expand a good result can be anticipated, but if not the chest must be allowed to collapse with much result and deformity. A simple drainage tube is all that is necessary if the lung expands; if not, extensive resection is absolutely necessary.

DR. A. H. OHMANN-DUMESNIL, of St. Louis, presented a specimen of "Ainhum," and remarked that many more specimens might be secured if physicians were more familiar with the disease. It is an affection limited to the pigmented races—by some authors said to be limited to the negro alone. It is a chronic disease which begins by a constriction about one of the toes; this gradually grows deeper and deeper until all the arterial blood is excluded from the extremity of the toe which then undergoes dry gangrene and spontaneous amputation. One by one all the toes may become affected until none are left. No two seem to be undergoing the dying process at the same time unless the two feet be simultaneously involved when corresponding toes upon either side may be implicated. It is a disease of the trophic nerves, though the exact pathology is not yet thoroughly understood. Two cases have been seen in St. Louis, of which the specimen presented is taken from one—the other being now under treatment. There are doubtless other cases not reported to a physician at all or not recognized when shown

DR. EMORY LANPHEAR reported having seen one case in a Cherokee Indian; the diagnosis was unmistakable, as it corresponded exactly with a case he had seen abroad some years ago.

DR. DUMESNIL said the case mentioned by Dr. Lanphear would be an important contribution to the literature of the subject if reported, as thus far no case has been mentioned as occuring in the American Indian. Physicians should—in looking for this disease—not confound it with scleroderma which resembles it in some ways.

DR. J. M. RICHMOND, in the evening, delivered the President's Address. He made an earnest plea to leave the Code of Ethics as it now is, as it is a safe chart to guide and denies no proper privilege; it is sufficiently liberal for any one who regards his profession as a high one and is not seeking to take undue advantage of a neighbor. He spoke in favor of supporting the present attempt to increase the requirements for graduation, as there are now three doctors in the country where one is needed, and the supply must be curtailed. He commended Gov. Stone for vetoing the bill favoring "Osteopathy" and was vigorously applauded. He be-

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lieved there are too many medical schools in the country For example, there are 14 in Missouri instead of the five which ought to exist The medical profession must demand the adoption of a five years' course, which means at least two years' laboratory work; this will close the cheap and useless colleges which have no cause for existence save the vanity of the "professors" State boards have done something toward suppressing them but cannot do all A united profession must support their efforts. If there were state boards of examiners to determine the proficiency of the teachers instead of the graduates there would be fewer medical schools to turn out unnecessary additions to the ranks of the profession

DR. G. R. HIGHSMITH, of Carrollton, read a paper on "Autoinfection from Intestinal Putrefaction," with a report of cases The ptomaines and toxines he believed must be important as well as prominent subjects pertaining to the etiology of disease Epilepsy, neurasthenia, melancholia and hysteria are now all classed as the result of a toxaemia The absorption of the products of putrefaction in the intestinal canal, plays no small part in their production; though some still are in doubt as to whether the intestinal ptomaines cause the nervous conditions or are the result of them. That the former is the true theory is borne out by the following three cases:

Case 1, was a child of 4 years, of previous good health It became dull, with headache and intestinal indigestio. It finally had a convulsion and chill and sunk into a stupor which merged into a semi-comatose condition with involuntary evacuations of feces and urine Free catharsis from calomel and an enema repeated a few times restored the child to perfect health

Case 2 was a farmer who was troubled with constipation and intestinal indigestion. He was finally seized with acute mania. Forty-eight hours afterward he was found to have a swelled abdomen, furred tongue, foul breath, contracted pupils and headache. Twenty grains of calomel, an enema, and subsequent laxatives completely cured him. Had it not have been for the physic he would have been taken to the insane asylum.

Case 3 was a woman who became neurasthenic, with headache, vertigo, mental dullness, etc. She was totally cured by cathartics and attention to her bowels.

Case 4 was one of well marked paranoia preceded and accompanied by chronic diarrhoea. Here enemas and three grain doses of calomel four times a day, followed by salol, etc., arrested the intestinal putrefaction and cured this grave disease. From the calomel there came away a huge mass of grape seeds swallowed many weeks before.

All these cases got well by arresting the putrefactive process in the intestinal canal. There was no neurotic tendency in any of them.

DR. H. C. SHUTLEE, of West Plains, reported some cases of "Bronchitis from Intestinal Autoinfection." He said that recently much attention had been directed to the relation between intestinal putrefactive processes and disturbances of the nervous system. For example, it has been shown that convulsions of childhood do not result from the mere presence of "worms" in the intestines, but from the ptomaines which co-exist; and the causative influence of intestinal disturbances to neurasthenia has been pretty definitely established. But that any relation should exist between certain intestinal conditions and some forms of bronchitis has not yet been proven. Yet it has long been known as a clinical fact that the foul breath, coated tongue, foetid discharges, etc., often accompany bronchitis, and disappear upon the administration of a brisk purge—the symptoms of the bronchial inflammation also vanishing with them. Such attacks of bronchitis are always preceded by a congestion of the liver so that very little of the intestinal antiseptic—the bile—is present and decomposition goes on uninterrupted. The bronchitis in this instance is due to the irritation of the poisons absorbed from the intestines, perhaps by reason of attempted elimination through the bronchial mucous membrane The same explanation suf-

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fices for the relation between attacks of intestinal paroxysms of asthma, a well known clinical fact. As illustrative of the relation between intestinal disturbances and bronchitis the following cases are of interest:

Case 1 was a child four years of age that had well marked bronchitis. The temperature was 104, pulse 110, cough bad and mucous rales pronounced. The bowels were found inactive, abdomen disturbed. A purge was given which gave several stools of very bad odor. Salol was then given. As soon as the intestinal trouble was corrected the child rapidly recovered and was quite well at the end of four days. No medicine for the bronchitis was given.

Case 2 was a child of two years with a dry cough, but moist rales, high temperature and other signs of typical bronchitis. As the belly was quite swollen a free catharsis was established. Recovery was prompt without further medication.

Case 3 was an adult who had "La Grippe," with bilious symptoms. The cough and expectoration were bad, and the abdominal symptoms pronounced. He recovered in three days under cathartics and agents calculated to overcome intestinal fermentation.

DR. A. L. FULTON said that it is now well known that uremia is an auto-intoxication, from deficient kidney activity, but the relation between intestinal torpidity and certain diseases is yet to be established. It is certain that the feces contain alkaloidal principles of wonderful poisonous properties, as is often shown in experiments upon lower animals, and the inference is that toxic symptoms may arise by autoinfection when these toxic elements are not eliminated. Dr. Shutlee's observations tend to confirm this and in a field not hitherto subjected to investigation.

DR. J. F. BINNIE declared this to be a most important subject from a surgical as well as a medical standpoint. The after history of any serious surgical operation may be complicated by a little autointoxication from a sluggish intestine, and give immense alarm, especially in abdominal work. A dose of calomel or Epsom salts reduces the temperature and puts the patient into a good condition at once.

DR. C. LESTER HALL believed this to be a question of vast importance often overlooked. The old woman's treatment of a good dose of castor oil was a pretty efficacious line after all. The intestine is a sewer, especially in its lower portion, and it is our duty to keep it flushed out. The bacillus coli communis is probably the cause of infection more frequently than generally admitted. The doses recommended by Dr. Highsmith are too large—lesser ones at frequent intervals would be better.

DR. T. F. PREWITT said there is more intestinal autointoxication than in the "reflexes" so prominent awhile back, as the cause of certain nervous disturbances. It is not simply the local irritation of the poisons, but the direct irritation upon the nerve centers after absorption.

DR. HIGHSMITH replied that the dose of calomel was not too large for a patient who refused to talk or to take medicine of any kind and was about to be sent to the asylum. The large dose not only acted as a purge but as an effective intestinal antiseptic.

DR. T. E. MURRELL, of St. Louis, read a paper entitled: "Wherein and to What Extent the Wearing of Glasses Is Abused." A reply to a similar one presented by Dr. J. H. Thompson, of Kansas City, last year, the latter having claimed that many children have been fitted with glasses when a little care in the extent of their studies and reading is all that is needed, Nature overcoming the difficulty in time. Dr. Murrell held to the contrary Too many children were formerly forced out of school on account of hyperopia and astigmatism—the result greatly of faulty light in school rooms and over study. The per cent of refractive trouble in children is wholly underestimated—at least 25 per cent have some abnormality, and fully 10 per cent should have the difficulty corrected. The rule to be followed is this: If the continued use of the eyes gives a sense of discomfort a glass should be worn; if it does not, even though the error be marked, the glass is not needed.. Even a high

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degree of astigmatism frequently gives no distress, far less suffering than lesser degrees in others—it is all a question of effect; one-fourth diopter glass will give far more relief than one of two diopters in a less nervous patient. Myopia should always be corrected early; hyperopia whenever strabismus is imminent; and astigmatism whenever it causes trouble. The chief abuse of glasses comes from improper fitting; glasses given by the optician are as a rule of little value—often harmful, there being a tendency to overcorrect myopia, undercorrect hyperopia and to give wrong cylinders in astigmatism. The truth is there are not enough glasses being worn instead of too many.

DR. O. B. CAMPBELL, of St. Joseph, opened the discusison on appendicitis, drawing these deductions from his own work:

(1.) Statistics cannot be relied upon in rating the mortality in cases treated medicinally or surgically, on account of the indefinite ideas some physicians have of the pathology of suppurative inflammations of the right inguinal region; and the indiscriminate application of surgical measures to all stages of the affection.

(2.) The chief factor in the production of appendicitis is fecal impaction which produces an obstruction, to the circulation of the blood in the appendix—a part of the intestine very weak histologically and miserably supplied with blood in most subjects; the muscular power of the appendix is so slight generally that it cannot expel the impaction when this occurs in the appendix.

(3.) Complete resolution and spontaneous recovery in cases of appendicitis due to impaired circulation from impaction is an extremely rare occurrence and should not be anticipated; the usual termination is encysted abscess.

(4.) Many cases which have been believed to have terminated in resolution have ended in encysted abscess; which may give rise to no symptom; and which may cause trouble long afterwards.

(5.) Peri-appendical abscess may occur without pronounced primary systemic disturbances; may remain long in abeyance, and may subsequently give rise to suppurative cases of acute appendicitis, apparently primary in character, but really an extension of infection from an old encysted abscess.

DR. EMORY LANPHEAR of St. Louis said: Dr. Campbell has asked me to open this discussion, probably because he knows I limit my work exclusively to operative surgery and so will probably support his position. This I can heartily do with the exception of his third conclusion; namely, that all cases of appendicitis should be operated upon as soon as the diagnosis is made. I have seen too many cases of appendicitis get well—and remain well—to doubt that a large proportion of cases recover without surgical treatment. I believe I can recognize appendicitis in most cases; and I want to say that I have seen more cases in consultation that I have not operated upon than those in which I have done so, and with the exception of one case I have never had occasion to regret my refusal to cut when called to do so. Nor are these cases refused operation because they are too desperate to hope for cure. I cannot too severely censure the surgeon who refuses operation because the chances of recovery are slim and so liable to lower his death record. A human life at stake is far more to me than my record in abdominal surgery and I would never refuse to operate unless the patient were already in a dying condition. But the cases in which I have not cut have been those in which there seemed to be no special indication for operation —no tumor—no evidence of abscess—no signs of peritonitis. I follow this practice in spite of my prediction in favor of operation in a general way, because I am convinced that some cases get well without operation and I am not yet ready to admit the truth of Dr. Campbell's statement that "the happy termination of well defined cases of appendicitis is something to be hoped for but very seldom realized." I am sure I should get 98 per cent recoveries if I followed the rule of Dr. John B. Murphy, of Chicago, to operate in every case of suspected appendicitis—where the three symptoms of bellyache, excessive nausea and tender-

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ness at McBurney's point are present. After all, in spite of Dr. Campbell's objection to statistics, it is a question of figures. Well conducted investigations have shown that about 60 per cent of all cases of appendicitis recover under the saline (a little less under the opium) treatment, while the remaining 40 per cent go on to abscess formation. Some of the 40 per cent have spontaneous discharge of pus through the bowel, others are operated upon and recover, and too many die of perforative peritonitis. The question then resolves itself into this: Shall we cut 100 per cent of cases of appendicitis and save 95 per cent, subjecting all to the slight danger of coeliotomy; or shall we carefully watch the 40 per cent that would terminate in abscess (with death in a large percentge of the cases if not operated upon) and operate in such at the first indication of pus formation, saving perhaps only thirty out of each forty operations? Here we have 100 cases with 10 operations upon the one hand, with a death rate of 5 per cent or less; upon the other 100 cases with forty operations and a death rate of 1 per cent or over. In other words, shall we operate upon the sixty cases that would have recovered without surgical treatment in order to save the 5 that would die if left for late interference? I leave the question for your own decision. In my own work I advise operation in every case where I can feel a tumor, where there is any evidence of pus formation (notably a subnormal temperature), where the fever continues more than five or six days with McBurney's point persisting, and invariably in every case of recurrent appendicitis as soon as I can get the patient ready for operation.

DR. A. H. CORDIER, of Kansas City, said: I am surprised and sorry to hear a man like Dr. Lanphear make such assertions in this society. I am sure we are taking a step backward if we adopt his position. If we operate upon every case of appendicitis as soon as a diagnosis is made we save 98 per cent of our cases; but if we wait as he advises we can save less than 90. There you have eight lives in every hundred lost because of the surgeon's hesitation. It is wrong. And Dr. Murphy is right—as is also Dr. Campbell—in advising operation in every case at the earliest possible moment; we should cut every suspicious case. And we should operate before perforation occurs, as the mortality of operations after perforation is nearly 10 per cent. Diffuse septic peritonitis (that is the condition you then have) cannot as a rule be cured by operation. I would not operate in a case where perforation has occurred and general septic peritonitis has followed; there is so little hope that I would not run the risk of injuring my record in abdominal surgery by operating. This discussion will have been of immense benefit to this society if Dr. Campbell has convinced the members that the time to operate is when the diagnosis is made; and that it is a bad rule to trust to medicine and wait.

DR. PARRISH enquires: Why are there so many more cases in the city than in the country? And especially why so many fatal results. In a practice of twenty-seven years in the country I have seen many cases, but had only one death. Such observations make the country practitioner agree with Dr. Lanphear.

DR. CORDIER: The most of the cases I see are in the country, not the city. They are often recognized. Most of the cases called 'typhoid fever" which run an erratic course are instances of appendicitis; and many attacks of "colic" are mild appendicitis.

DR. CAMPBELL: I am astonished that a man with a reputation as a skillful operator, such as Dr. Lanphear has throughout the west, should assume such a "conservative" attitude. He certainly would have been expected to agree with Dr. Murphy. And I believe we will all come to that opinion at last—that appendicitis is strictly a surgical disease and should be operated on as soon as recognized or even suspected. The statistics are not reliable and should not be made to lead us astray from the correct method of treatment.

TO BE CONTINUED.

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WESTERN ASSOCIATION OF OBSTETRICIANS AND GYNECOLOGISTS.

Annual Session at Omaha, Neb., December 22, 1894.

[CONTINUED FROM PAGE 247.]

Paper by DR. J. H. VAN EMAN, Kansas City, subject, "Abdominal Surgery; Report of Forty Cases."

(See original department.) Discussed as follows:

DR SCHRADER:—We believe every word that Dr. Van Eman has said is honest and correct. Also what he has done under very unfavorable circumstances and by good, honest work, and I think under all the circumstances at the time these operations were performed, when such labor was no doubt there that we know nothing about. I congratulate the doctor on the good work that he has done and on his honest report.

DR WARD:—This is a very good report the doctor has given us I think, and most of us would like to report even as good. He could operate in those cases all the time. So you see also these honest reports are useful to us. I know that the impression would come to us that some one has less mortality. I know that in my early work not going back that far by any means, I lost my first case and my third and seventh cases, enough to scare anybody to death. But I do not lose them as fast now.

DR CROWELL:—Coming from Kansas City, as I did, I feel very proud of Dr. Van Eman, and feel very proud that he is here to stand up and keep up the reports of Kansas City as an honest city, especially a city of honest Gynecologists. After the first case, he lost five consecutive cases; enough to have made any man—except somebody from Kansas City—abandon the work. But we can persevere until we get these marvelous reports of 100 cases without a death. We are but striving to do better than that; some in other countries and other larger cities where they have easier cases than we do. But the doctor speaks in his report of one or two cases having died of anesthesia. I would like him to point out the reason for believing that. I would sooner think that the patient died from shock, and possibly with some degree of hemorrhage, but to die from anasthesia, and at that time, I very much doubt whether that were possible. In regard to the mortality in private houses, it is hardly in keeping with the majority I presume. However, it depends very much on the character of the hospital. In my opinion, there is no place where we can perform laparotomy with the same degree of success as in a hospital with all the necessary technique and competent nurses. It is not every hospital that has good nurses. And it may be due, as I am somewhat conversant with the hospital facilities in Kansas City, to efficiency of the nurses. Again the doctor speaks of a patient dying for the want of an action of the bowels. Now to arrive at that conclusion is not so easy. That an action on the bowels ameliorates and improves the patient recovering, in some cases is not untrue. But the patient depending on the movement of the bowels, seems to me rather stretching the point. We have very good authority now, and I think always have had the endorsement of English authorities that to dilate for movement of the bowels four or five days is the proper treatment. A number of gentlemen once insisted on the movement of the bowels with salines, now use opiates, and in certain classes of cases by use of morphine keep the bowels moving for some days.

Speaking about having to curet some of these cases: I believe that it is a very good practice as recommended by quite a number, to curet these cases, at the same time, and then we have I think undoubtedly a full reflex system and better convalescence and better involution after the operation.

DR. ADAMS:—I would like to say that I had the pleasure of seeing at least two or three of these cases; one at St. Joseph's Hospital; a girl I believe, and in this case I had something

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to do with the patient, but I congratulate the doctor on the honesty of his report and his views. It is the line of a man's work as he means it, good, bad or indifferent, that teaches a lesson, of which we can give instructions, and not to take, as we might do, a number of cases who say they are perfect and leave those which are imperfect out of the list. The doctor, as I have known him for a great many years, has taken the real true distinct, honest, open and above board way of instruction, and from the work he has done, I congratulate him and am proud that I am from the same town where a man can come forward and say that he is honest at least in his convictions.

DR WARD:—I agree with the doctor that water is the only thing to put into the belly. I had a case not long ago in removing the ovaries where I used carbolic acid so strong that my hands were made white with it. I would like to inquire of Dr. Van Eman why he reports some of his hospitals as bad surroundings, or what the Kansas City idea is of a hospital.

DR. VAN EMAN, (closes the discussion). The first case was of a young girl of seventeen. The family doctor and the girl's brother came up to Kansas City to talk to me about the case. Said the girl was certain to die in a short time unless there was something done, and in talking over the case, there were no promises made; it was simply the last resort. The girl had been told there was a chance for her life if she was operated on, and without an operation death was certain and near, and she wanted a chance for her life. I told her brother and the doctor that I thought the chances were exceedingly poor; I did not think she would live. That was before I saw her. I went to that town in the shortest possible time I could get ready; usually when I go into a strange neighborhood I have taken my man to give the anesthetics with me, and paid his expenses. I sent into this town, and looked the men over; there were five doctors. I said I want a gentleman who can give the anesthetics. I knew nothing about these men. The only one I had ever seen was the family physician, and I had talked to him less than an hour on the road. So they drew straws to see who would give the anesthetic, and of course the last men of the five that I would have picked out to give it, got the long straw. While I was getting ready he was a long time getting the anesthetics; sent word back two or three times that she took it very badly, and when she was brought in I ought to have refused the operation. She made no more motion, no more signs of life except the heart beat and respiration than if she were dead. It was not a tedious operation. Of course with a delicate slender girl with a tumor just removed of the size and weight that it was, it was no trouble to fill up her abdomen or the cavity. But she died just the same. The most responsible man second to the operator, is the man who gives the anesthetic.

The second case was a woman who had been pregnant. When she came on the table she was in the same condition as the other. Now I do not know what you call it, but they never recover. They die. And I have good reason to believe that you can kill with an anesthetic. Why do they die? Some say because their time comes. I heard a man say, in talking about a case that had a tumor, some years ago, that he was afraid to operate on it for fear he might lose his surgical reputation. He never had any surgical reputation to lose, and has never had any since. I think it is our duty when we know that a woman has but one chance in a thousand for her life, and she asks for that chance, to give it to her. I have but one rule of action with my patients, and that is to do to them as I would have a surgeon do to me.

Another gentleman wanted to know, and seems to think I am a pretty honest sort of a fellow, but don't understand why you get better results in private houses than you do in hospitals. I think I can tell him. I generally arrange to have the best nurse I can find anywhere, and then as we say, sometimes, I have camped out beside the patient, and I have been both nurse and doctor, and I think I am a pretty good nurse. I have staid from five to six days in those cases in private houses where I was not entirely satisfied with the nurse, and let other business go. Now that is where I get my results in private house.

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Take the hospital where there has been so many different diseases and sick people, besides we have all learned that dirt means death whether it is under your nails, on a woman's skin or on your instruments. Take a woman in our houses, they are generally good housekeepers, and if there is any dirt about the house, she is used to it. Her powers of resistance are such that she can kick off most any ordinary germ. Take her to the hospital, she is half scared to death by the noise, or some fellow brings a lot of dirt there in his nose and begins to cause a lot of microbes and becomes infected. Now there is more truth than fun in that. And that is why I never had any trouble with private cases. Then I think I can prepare a room in a private house, and select my room, as good as the general hospital.

Now the medical man and the nurse are getting an education today that have a vast advantage over us fellows who attended college twenty-five years ago, when they had not taught germs and didn't know anything about them. In the way we were taught, we go along, we have everything ready and make some little break in force of habit, and we spoil the whole thing.

I saw a man once, who stands very high in surgery, who was attending a patient. Everything had been cleaned and boiled up that that time, when he took an old dirty syringe and filled it with water and washed out that gall bladder. No difference how much that man had done, he spoiled the whole thing with that syringe. That is where we fail sometimes. I am sorry to say that so far as I know, there is not a hospital in Kansas City but what is a general hospital. Now another gentleman wanted to know why I thought in that operation, that the girl died because she did not get her bowels moved. If I could have gotten the gas and everything out of her bowels, she might have gotten well. I believe that is the principal cause of her death. I do not know. The only thing that would have settled the question afterwards, would have been opening up the abdomen. Under the circumstances it could not be done. They say to me in my fatal cases that they think there has been butchering enough done.

Now about curets. The question whether a woman should be curetted at the same time she is operated on or just before comes up, or did come up. I think I would have increased the cases a little more if I had curetted at the time or just before.

I think there is very few women I would risk; I would not on my own kinfolks. In the case that I spoke of where you have a discharge, it is a better plan perhaps to clear up thoroughly the vagina and dilate with curet. If you do not do it, then it ought to be done six or eight weeks after, as soon as they recover.

Another gentleman wanted to know what I used after the incision; if I washed the abdomen out with pure carbolic acid. I made that operation on the 5th of February, 1880; had several doctors around, because I thought they knew more about it than I did, and I did not know very much; had never seen that kind of an operation. Well I made a very nice operation, at least I thought so. I used to be very much afraid of leaving a little blood in the cavity. One of the doctors said, you had better wash that out with a strong carbolized solution, and I commenced to get ready to do that, and I stopped to think what I was doing, and I said, No there is nothing to wash out. I have used carbolic acid so strong it would whiten the peritoniti. I did use in the earlier cases, after I got into the cavity, a weak carbolized solution. I do not use anything now but sterilized water after the time I pick up the knife, and do not think there is anything any better and there is no danger.

One of the gentlemen was a little bit hard on me; he said that the first place I had five successive deaths. You will remember in the second case I used thermo-cautery. I had been with that Ohio man, Dunlap, and had seen him leave lying out below the ligatures so I tried something else in my second case, I used thermo-cautery. It was a private house and I took care of it myself. If I had operated as they do now, I have no doubt there would have been no trouble, but I used thermo-cautery. One thing more about hospitals. The Sisters' Hospital at Kansas City at that time was a rather small frame house, which had been built a long

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time before as a residence, bought by the sisters and turned into a hospital; an old frame house. In that a good many different people had lived with their different habits and methods, and there was nothing new as we know, and every kind of a case had been in there. It was a Railroad Hospital and everything else. More than that, I did not know a great deal about nursing that kind of cases and the nurses knew less, and those girls were put back in rooms that were dark and not very well ventilated and not any too clean. We do not have those kind of rooms now, as we have torn those buildings down. It was in the time of Auld Lang Sine, but we did the best we could. Perhaps in those two cases with a large accumulation of pus, I ought to have been more conservative and tried to evacuate that. Perhaps I might have succeeded. Now if I wanted to make a particularly favorable showing in this case I could report it 25 consecutive cases without a death but I did not do that, and I do not intend to, and in the reports that I have made to the association, if I can not be anything else, I will be honest.

DR. M. R. MITCHELL of Topeka, read a paper on "Neurology of the Female Organs." (See original department). Discussion as follows:

DR. HALL—The value of this most excellent paper of Dr. Mitchell's is most apparent to every physician, whether he be a general practitioner or a specialist. I cannot conceive anything of greater importance than what is in this paper. The man who can even overcome the difficulties of attending menstrual disturbances in young girls and these conditions of the skin and especially the face, will confer a boon upon the female part of our community, and he will also confer a boon upon the average practitioner. Those conditions have annoyed me, and the only way I have been able to get out of it is to tell them that they must put up with it, and after they get through they will have no further trouble. I am very glad Dr. Mitchell has brought up this paper, and it should be to us an important lesson. It shows to us the importance of investigating this more thoroughly. It is a daily experience that we meet with and something that we should endeavor to make great efforts to overcome. The pembrology, and all that sort of pain is apparent to us all, yet it is not always possible to so readily overcome them. I can recall a case years ago, a lady, mother of a large family, who had first gastrology; had always been a healthy woman, always born children without undue pain. In other respects, in a normal condition apparently. Had perhaps reached the age of 40, and yet she suffered from these pains. I gave her medicine without end. I became tired of my dosing, and told her in spite of her previous good health, there must yet be some condition back of it, and that condition must be located in the uterus, or its appendages. This was in 1885. I examined the uterus, there was not very much wrong with it. A slight catarrhal discharge from the uterine cavity, and on general principles, without having found much cause to effect, I began dilating the cervical canal. I believe that in this case it was the inception of this labor, and we had the beginning. It was only a little while before I took a trip to New York, before I treated this lady. She had headaches, and all sorts of things, and it harmonized so perfectly that in conversation with a doctor there, I was convinced that my treatment of the case to a great extent was directly in the right channel. The lady was relieved promptly and to this day has had no trouble. I congratulate Dr. Mitchell on his paper, as it is just this kind of papers that do us good and general practitioners as well as specialists.

DR. ROSS—I would like to show my appreciation for Dr. Mitchell's paper. Recently I have had experience in this line, and one case was a woman I saw four months ago. During all the time previous she has had an excellent physician, and had requested the doctor to make an examination of the womb. She had attributed all her trouble to indigestion, weakness and everything of that kind, to the fact of her having lost two children within the last two years. He told her it was all wrong. He was not able to obtain an examination for a week. All our treatment consisted of was keeping the woman perfectly quiet. Yesterday

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I saw the patient. She had ceased to have her spells entirely. Digestion was good, no more pains, and she felt good enough to do her own work again.

Another case came to me, a banker's wife, who had opportunities to travel, and has been suffering about six years with painful dysmenorrhoea, neuralgia. I prescribed about a month ago and she refused an examination, and not until week before last I got one, when the woman came into the city, having had one of her severe spells, headache, backache, and all symptoms, and I found a strongly retroflex uterus. Her husband thought she had consumption; had become a swarthy color, skin dry and very nervous. We examined the urine and in fact had gone over all the ground I could think of, and still persisted in thinking that was the cause, when making an examination, we found, as I say, strong retroflex uterus. Extreme nervous condition, pain in her stomach, which she complained of a very great deal, and I do not believe there is any organ in the body that can affect the digestion as the uterine troubles. So one can multiply case upon case, but the peculiar relation between the uterus through the sympathetic system is well brought out in Dr. Mitchell's paper.

DR. MITCHELL closes the discussion.

There is one point I might call attention to, and that is in reference to diagnosis in surgical procedures as well as in medical treatment. It is sometimes a very difficult matter in these complications to trace the faults and we cannot be too careful in weighing a case and taking in the whole situation, so as to arrive at an intelligent conclusion. Sometimes the busy surgeon overlooks a case simply from the want, perhaps, of due appreciation as to the positive necessity of correct diagnosis. These symptoms are often treated to a certain extent, without an intelligent apprehension as to the real cause of this trouble.

DR. B. B. DAVIS, of Omaha, read a paper on "Ureteral Surgery. (See original paper in this issue.)

Discussed by

DR. HALL—I have had some little trouble with the ureter, and I think any one is likely to have. The paper has to me been exceedingly interesting; it is a subject which perhaps has recently engaged our attention more than ever before, and from the fact that more abdominal surgery is being done where the operation involves the area occupied by the urethra. Frequently in the cases that I have had I have had nothing serious and nothing but what has recovered. I might report a case which I operated on recently for a trouble, speaking of arriving at a diagnosis in these cases. I had a patient some time ago, and it had for a long time some trouble with the urinary organs. I think at one time I got about 8 ounces in 48 hours of urine secretion, and every little while she would have a spell of very scanty secretion or urine, pain in the left side, with no trouble, nothing that could be detected. Besides this, it was thought to be a case of chronic cystitis. Having her under observation some little time, I was unable to agree with this opinion. Sometimes the urine would be perfectly clear, but she suffered intensely with pain, sometimes requiring morphine. I resolved to cut down and see if I could find anything. Opening the abdomen I found nothing so far as I could detect in the urethra. And all I could find was an adhesion of the omentum. She had an abscess in the vagina with a little pus escaping. I examined with various means, but the result has been that the patient is absolutely cured, has no trouble now with pains, no trouble with the secretion of urine; now passes urine regularly with ease; urine is clear, and the results have been satisfactory. Where it was due to the adhesion of the omentum and possibly obstructing the urethra, urine contained large quantities of urates and phosphates, and now has none of them, and I think will be a permanent cure.

DR. SCHOOLER—I thank the gentlemen of the society for bringing the subject before us at this time. Until recently there was little attention paid to diseases of the ureter. It is perhaps known that stricture sometimes exists, and that calculi sometimes obstructs the passage of the ureter. But surgical measures were not adopted for the relief of these dif-

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ficulties. They were treated until the obstructing calculi made its way into the bladder. Occasionally the calculi became lodged in the ureter and failed to make their way into the bladder. I remember ten years ago of making an autopsy on a man 72 or 73 years of age, and the attending physician had made no examination of the prostate gland and based his diagnosis on the symptoms, and his desire to pass water. At the time of the autopsy there were two strictures near the bladder, and those were dilated to more than double the size of the finger of a large man, and were extremely thin, and the ureters lay there like large ropes. There are frequently no doubt diseases of these tubes that are not suspected. The operative measures that have been resorted to for the relief of this difficulty have come about by accident and the abdominal surgeon has been in a study for the removal of tumors and other operations. Tumors, however, are not the only occasions in which the system is in danger. I have in mind now a case in which the ureter is caught, a little hemorrhage was discovered and was found to be controlled and nothing was suspected in regard to the urine. In the course of four or five days it was noticed that the urine was thickening from the womb. It was ascertained that the urine did not come from the bladder, but from the left ureter. The woman is living today, and still passes about one-half of the urine from that fistula. Whether it was feasible or not at this date to relieve that condition, I do not know. There is a great deal of difference in opinion, although I think the paper fairly stated the opinion as far as settled in regard to ligation of the ureter.

It requires further experimentation perhaps on the lower animals and a large experiment in human surgery in order to definitely settle this question. Where the stricture lies near the bladder, we can nearly always make a diagnosis by drawing the uterus down slightly to determine at least whether there is any obstructing material. I think that all these measures ought to be exhausted before laparotomy is made. In the female of course more can be done by passing probes through the bladder and sometimes protecting them just as we would in any other locality in which we use the probes.

DR. DAVIS closes discussion.

I have very little to say except to thank the gentlemen for the kind discussion. At the time the case was progressing I expected to have some experiment so far completed that I would be prepared to publish it, but did not feel that enough time had elapsed for experimenting.

I found I have one dog living now, thriving nicely upon which I did a ligation of the ureter about six weeks ago. The dog is doing very well and looks as if the secretion of urine was about up to normal.

(To be continued in our next issue.)

A. M. A. EXHIBITS.

Continued from page 250.

TARRANT AND COMPANY were represented by Dr. J. W. Fahr.

ANTIKAMNIA was "in it," as usual, being represented by the genial Johnny Cox.

THOMAS AND THOMPSON, of Baltimore, were presenting samples of their Liquid Pi-cine Compound.

THE LONDONDERRY LITHIA SPRING WATER COMPANY relieved the thirst of the two thousand visitors..

BORINE, the new antiseptic, made a favorable impression under the management of Messrs. C. S. Ettinger, Wm. A. Lowekamp and Dr. Thomas A. Dunlop.

FAIRCHILD BROTHERS AND FOSTER, New York, manufacturers of digestive ferments, made an attractive display, in charge of an able trio, Messrs. O. F. Letoriere, J. E. Dibblee, and H. S. Hersey.

G. B. UNDERWOOD AND COMPANY, New York. The Pulmonary Inspirator on exhibition by this company solves the safe transmission of oxygen. The exhibit was in charge of Messrs. G. B. Underwood and John Connolly.

CHAS. TRUAX, GREENE AND COMPANY, Chicago, were exhibiting the Beckman Steriliser, which is one of the best for both office and hospital use. Dr. Frank Cotton Greene is an adept at entertaining the physician, both at home and abroad, and he made his presence particularly enjoyable on this occasion.

REED AND CARNRICK presented a handsome plush souvenir of Baltimore to the visiting physicians, and the many friends of Mr. John Carnrick were pleased to note his presence at this meeting. The exhibit of this firm was one of the largest, and included the following well known preparations: Peptenzyme, Zymocide, Peptonized Cod Liver Oil Milk, Ferrohemol, Cordial Analeptine, Coca Muscatel, etc.

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CAMPHO-PHENIQUE POWDER, the successor to Iodoform, had an able exponent in the person of Mr. Remick.

SEAWRIGHT WATER—Mr. J. A. Edmondson and assistants dispensed the Seawright Magnesium Lithia Water, from the spring at Staunton, Va.

MELLIN'S FOOD—The exhibit was a model of perfection, as usual, under the guidance of the popular and effervescent Thos. Delano, Jr., and Dr. Jones.

THE SANITAS HEALTH FOOD COMPANY, Battle Creek, Mich., whose Gluten Biscuit and other products have made famous, was represented by Geo. Dowe, M. D.

K. AND M. EFFERVESCENT BROMO-CAFFEINE was on exhibition. The manufacturers, the Keasby and Mattison Company, of Ambler, Pa., are well known. J. H. Herz looked after its interests.

TAYLOR BROTHERS AND COMPANY, Rochester, N. Y., were represented by Messrs. G. E. Taylor and J. R. Lane. The clinical thermometers manufactured by this house have a national reputation for accuracy and permanency.

DR. J. F. B. LILLARD presented to the visiting profession a product that contains the three elements of life, Carbo-hydrates, Hydrocarbons, and Proteids, the combination known at Proteinol, manufactured by the Proteinol Company, 163 William, New York City.

HAYDEN'S VIBURNUM COMPOUND—No product is better known to the profession than "H. V. C.," and no face is more familiar in the exhibit hall than that of Dr. Pollock, the able representative of the New York Pharmaceutical Company. They are a "good pair to ~~draw~~ to."

GROSVENOR—The prettiest pictures and the best plasters ((Bell-Cap-Sic) were obtained from the booth of the J. M. Grosvenor Company of Boston. This firm also makes a line of rice flour capsules, which possess many advantages over the gelatin. Mr. J. M. Grosvenor, Jr., entertained the visitors.

THE TROMMER EXTRACT OF MALT COMPANY, of Fremont, Ohio, was present in the person of Dr. Paul Plessner, and what he does not know about the Diastasic and inherent excellence of the Trommer Extract of Malt, which contains the soluble constituents of Canada barley malt, combined with the hypophosphites, and its effective action on starch food in the intestinal tract, would not make a very large pamphlet.

ROTHSCHILD BROTHERS AND COMPANY, of New York, manufacture an iron preparation that possesses many advantages for the doctor who is careful to note the idiosyncrasies of his patients. Pizzalles Elixir Peptonate of Iron is a one per cent. solution mixed with ten per cent. of the purest cognac, the elegance and palatability of which will be recognized at a glance. The virtues of this preparation were extolled by Manager Laurence M. Heilbrun, assisted by Chas. Heilbrun.

NESTLE'S FOOD, imported by Leeming & Company, of New York, occupied a very pretty booth. Dr. Martin, the physician in charge, was "raised on it."

CAMPHO-LYPTUS, the popular Rubefacient, manufactured by Ruckersfeldt & Company, of St. Louis, is indicated in neuralgia, rheumatism, sprains and all localized pain. Mr. O. H. Dryer had charge of the exhibit.

THE ADEPS LANAE COMPANY, New York, manufacturers of the only pure and hydro wool oil preparation on the market that is free from the many impurities of the common commercial product, made a creditable exhibit.

MALT-NUTRINE is pronounced a most invigorating tonic for the dyspeptic and neurasthenic patient. Dr. Smith, of the Anheuser-Busch Co., St. Louis, made a very attractive floral display, interspersed with samples of his tonic.

THE CHLORIDE OF SILVER DRY CELL BATTERY COMPANY, of Baltimore, made an attractive display, under the direction of Mr. Chas. Wilms. The Dry Cell Batteries are well known to the profession and are increasing in popularity each year.

DR. CHARLES MARCHAND represented the only medicinal preparation of Peroxide of Hydrogen and Glycozone, and the new and powerful antiseptic, Hydrozone. Dr. Marchand enjoys the confidence and respect of the profession of both continents.

MALTINE—One of the most prominent positions in the exhibit hall was occupied by the Maltine Manufacturing Company, of New York. The elegant preparation of Maltine with Coca Wine was dispensed to all visitors, who were well entertained by Dr. C. C. Fite and H. S. Thomas.

(To be continued.)

Dysmenorrhea, the congestive kind, with stomach ache, and excruciating headache and pain in the back, which is often seen in young girls and women with displacements, can often be relieved by Celerina and Aletris Cordial combined in equal parts.

Lost 26 Pounds in Four Weeks.

Please send me a sample of Pineoline. I have used Phytoline and believe it is the best, and about the only medicinal remedy that will reduce a surplus of adipose tissue. I gave it to a lady patient weighing 200 pounds; reduced weight 26 pounds in four weeks; at the same time, gave entire relief to a train of hepatic, gastric and rheumatic symptoms, that had long made the patient's life miserable.

Very truly yours,
M. L. ADAMS, M. D.
Olympia, Wash.

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PERSONALITIES

Dr. William B. Wallace, of New York City, died on June 7th.

Dr. Charles Geiger will attend the meeting of the British Medical Association, in London, next month.

Prof. Karl Voght, M. D., the well-known philosopher and author, died at Geneva, May 9th, at the age of 78 years.

Dr. Herring, of Highland, Kansas, paid St. Joseph a visit last month, and left his compliments at THE HERALD office.

Dr. H. C. Hunter, who has been extensively advertising a hospital at Sioux City, Iowa, has been arrested for fraudulent use of the U. S. mails.

Joseph Murre, a wealthy book-seller of Cincinnati, died recently, leaving $150,000 for various hospltals, among which was a bequest of $14,000 for St. Margaret's Hospital, of Kansas City, Mo.

Dr. C. Lester Hall, of Kansas City, Mo., was the unanimous choice for President, at the recent session of the Missouri State Medical Association, an honor rarely bestowed by this Society.

Dr. Frederick Andros, who died recently at the age of 93, in Minneapolis, was the first doctor to locate west of the Mississippi rlver. Dr. Andros graduated from Brown University, and practiced in Dubuque, Iowa, in 1843.

Dr. Willis King, the poet laureate of Missouri, lost a $600 diamond scarf pin, during the recent meeting of the Railway Surgeons in Chicago. On another page of this issue, we present a photo of the doctor before the above calamity befell him.

Prospective.—The next number of THE HERALD will contain papers by Dr. Ida C. Barnes on "The Treatment of Abortion;" Dr. J. B. Bolton, of Eureka Springs, Ark., on "Laceration of the Perineal Body and How to Prevent It;" and report of a clinical case by Dr. A. F. Jones, of Omaha.

A Peculiar Appendix.—Dr. J. T. Simpson, of Holden, Mo., when dissecting the body of a man about thirty-five, who died from tuberculosis, found the appendix on the left side and five and one-half inches in length. It was in a healthy condition, and, apparently, had never been the seat of inflammatory disease.

Dr. Charles David McCranor died at his home in this city, June 7th, 1895. Dr. McCranor was born in Germantown, Ohio, August 2, 1860. At an early age he, with his parents, moved to St. Joseph, where the doctor has since resided. After studying medicine for a number of years, he graduated from the Jefferson Medical College at Philadelphia. Dr. McCranor was married to Elizabeth Rigney in 1885, and a dear little girl, now eight years of age, was left motherless while a babe. He was again married in 1891 to Josephine Kilfoyle, who survives him. He leaves, besides his daughter and wife, his mother, Mrs. Josephine McCranor, and three sisters, Miss Margaret E. McCranor, Mrs. Frank Kaucher of this city, and Mrs. George W. Finn of North Platte, Neb. Dr. McCranor was the possessor of a warm heart, a painstaking devotion to his profession, in which his ambition was to excel, and with a most brilliant future before him, was called to his maker in the prime of manhood. A large circle of loving friends mourn his death.

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NEWS AND MISCELLANY

His Pneumogastric Nerve.

Upon an average twice a week,
When anguish clouds my brow,
My good physician friend I seek,
To known "what ails me now."
He taps me on the back and chest.
And scans my tongue for bile,
And lays an ear against my breast
And listens there awhile.
Then he is ready to admit
That all he can observe
Is something wrong inside, to wit:
My pneumogastric nerve!

Now when these Latin names within
Dyspeptic hulks like mine
Go wrong a fellow should begin
To draw what's called the line.
It seems, however, that this same
Which in my hulk abounds,
Is not despite its awful name,
So fatal as it sounds;
Yet of all torments known to me,
I'll say without reserve,
There is no torment like to thee,
Thou pneumogastric nerve.

This subtle, envious nerve appears
To be a patient foe—
It waited nearly forty years
Its chance to lay me low:
Then like some withering blast of hell
It struck this guileless bard,
And in that evil hour I fell
Prodigious far and hard.
Alas! what things I dearly love—
Pies, puddings and preserves—
Are sure to rouse the vengeance of
All pneumogastric nerves.

Oh, that I could remodel man!
I'd end these cruel pains
By hitting on a different plan
From that which now obtains.
The stomach, greatly amplified,
Anon should occupy
The all of that domain inside
Where heart and lungs now lie.
But, first of all, I should dispose
That diabolic curve
And author of my thousand woes,
The pneumogastric nerve!

—EUGENE FIELD.

The North Missouri Medical Association meets at Moberly, Mo., June 20–21, 1895, and a most interesting program is assured. E. VAN NOTE, M. D., Cor. Sec'y, Hamilton, Mo.

War in Indiana.—Charges have been preferred in the Indiana State Medical Society against Drs. Eastman, Dunning, Jameson, Hays, and Lewis, of Indianapolis, the exciting cause being the photographs and "puffs" which appeared in an "anniversary edition" last winter.

Support the Breasts.—Dr. Wells calls attention to the necessity of raising and supporting the breasts as soon as the secretion of milk is established. This can be best done by a bandage made of two thicknesses of muslin and tightened from below upwards. It should be supported by shoulder straps fastened by safety pins. —*Philadelphia Polyclinic.*

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MEDICAL PRACTICE LAWS.

ALABAMA. A certificate of successful examination by the State (or a county) Board of Medical Examiners. Diplomas confer no right to practice.

ARIZONA. Registry with a county recorder of an uncanceled "diploma regularly issued by a medical college, properly and lawfully organized under the laws of the State wherein said college shall be located."

ARKANSAS. The law just enacted recognizes diplomas, or a certificate of successful examination by the State Board of Medical Examiners.

CALIFORNIA. A certificate issued on the diploma of a college in good standing, or upon a successful examination by one of the State Boards of Medical Examiners —Regular, Homœopathic, or Eclectic.

COLORADO. Similar to California, except that there is but one State Board of Examiners.

CONNECTICUT. A certificate of registration of the diploma of a college "recognized as reputable by one of the chartered medical societies of the State," Regular, Homœopathic, Eclectic; or a certificate of satisfactory examinations by a committee appointed for the purpose by the State Board of Health.

DELAWARE. A certificate based upon the registration of a diploma from "a respectable medical college," or upon a full and impartial examination by the State Board of Medical Examiners.

DISTRICT OF COLUMBIA. Practically no requirement.

FLORIDIA. A certificate of a satisfactory examination by the State, Homœopathic (or a district) Board Medical Examiners. Diplomas confer no right to practice.

GEORGIA. Examination of graduates of colleges requiring three years of lectures by an Allopathic, Homœopathic, or Eclectic Board of Examiners.

IDAHO. The record of a diploma at a county seat.

ILLINOIS. A certificate issued by the State Board of Health upon the diploma of a legally chartered medical institution in good standing, as determined by the board, or upon a satisfactory examination by the board.

INDIANA. The registration in a county clerk's office of a diploma "from some reputable medical college."

INDIAN TERRITORY. *a*. Cherokee nation: an examination by the Board of Medical Exminers; *b*. Choctaw nation: a certificate by the Board of Medical Examiners; *c*. Creek nation: $25 annual license fee.

IOWA. Similar to Illinois.

KENTUCKY. A certificate from the State Board of Health issued upon the "diploma of a reputable and legally chartered medical college."

KANSAS. The registry of a diploma from some "respectable school of medicine," or of a certificate of qualification from some medical society.

LOUISIANA. The record of a diploma from "any medical institution of credit and respectability" endorsed by State Board of Health.

MAINE. After January 1, 1896, any one desiring to practice in the State must pass an examination before a composite Medical Board of Examiners.

MARYLAND. A certificate issued by the State Board of Medical Examiners.

MASSACHUSETTS. No legal requirement.

MINNESOTA. Similar to Maryland.

MISSISSIPPI. Similar to Maryland, except that the examination is made and the certificate issued by the State Board of Health.

MISSOURI. Certificates issued by State Board of Health upon diplomas of recognized schools.

MONTANA. Applicants must be examined by a composite Board of Medical Examiners.

NEBRASKA. A certificate issued by the State Board of Health upon the diploma of a "legally chartered medical school or college in good standing."

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NEVADA. The record of a diploma from "some regularly chartered medical school."

NEW HAMPSHIRE. No legal requirement.

NEW JERSEY. A license issued upon a successful examination by the State Board of Medical Examiners.

NEW MEXICO. A certificate upon the diploma of a legally chartered medical institution in good standing, or an examination.

NEW YORK. A license issued upon a successul examination by one of the State Boards of Medical Examiners.

NORTH CAROLINA. A license issued upon a successful examination by the State Board of Medical Examiners.

NORTH DAKOTA. Similar to North Carolina.

OHIO. The diploma of a respectable school of medicine, or a certificate of qualification from a State or county medical society. (Law inoperative.)

OKLAHOMA. A license issued by a Superintendent of Public Health upon a medical diploma or after examination.

OREGON. The new medical law of 1895 registers all present practitioners. Hereafter, one must pass an examination before a composite Medical Board of Examiners.

PENNSYLVANIA. A license issued after examination before one of the State Boards of Medical Examiners.

RHODE ISLAND. No legal requirement.

SOUTH CAROLINA. A certificate of verification of the diploma of a reputable medical college. An act of December 24, 1890, abolished the State Board of Medical Examiners created by the act 1888 and under which the diploma conferred no right to practice.

SOUTH DAKOTA. A license issued by the State Board of Health after examination. Diplomas confer no right to practice.

TENNESSEE. A license on the diploma of a college "in good standing" or after examination by the State Board of Medical Examiners.

TEXAS. A license issued after examination by a District Board of Medical Examiners. Diplomas also confer the right to practice.

UTAH. A license issued by the Territorial Board of Medical Examiners after examination. Diplomas confer no right to practice.

VERMONT. The registry of a diploma endorsed by one of the Boards of Medical Censors or a certificate of examination by one of the boards.

VIRGINIA. A license issued after examination by the State Board of Medical Examiners. Diplomas confer no right to practice.

WASHINGTON. Similar to Virginia.

WEST VIRGINIA. A license on the diploma of a reputable college, or after examination by the State Board of Health.

WISCONSIN. The endorsement of a medical diploma by the censors of either of the state or county medical societies.

WYOMING. The record of a diploma with a registrar of deeds.

Formalin as a Fixation Fluid.—Dr. A. G. Rosenthal presented some pathological eye preparations fixed and hardened by formalin. He had found this medicine to have a number of advantages over alcohol and Muller's fluid, in that it hardens much more rapidly without contracting and distorting the tissue, and without discoloring it. In fact, it preserves the normal colors most beautifully.—*Occidental Medical Times.*

As a drug, this substance is known as formic aldehyd, a colorless liquid with a pungent odor. In medicine, it is used as a general disinfectant, especially in hospitals.—*Cerna's New Remedies, 2d edition.*

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THE MEDICAL HERALD

MEDICAL HERALD COMPANY, - - - - PUBLISHERS.
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ALL matter pertaining to this department, or concerning advertisements, to insure prompt attention should be addressed to the Business Manager . . . . . .

THE HERALD'S circulation being among a class of physicians who PAY THEIR SUBSCRIPTIONS (and consequently READ each issue), this journal naturally offers the best opportunity to those advertisers who desire to reach the thrifty and progressive practitioners of the West and South.

Publishers' Bureau.

THIS DEPARTMENT will be devoted to such notices and comments as the Business Editor may feel inclined to make of deserving and meritorious preparations, and such items of news concerning new goods as will prove interesting to our readers. Practitioners are particularly requested to send us brief facts concerning the success of preparations advertised in THE HERALD, as demonstrated in their practice, and we will always be glad to give space in our Original Department for extended reports of clinical cases. Practices for sale, or notices of removal, not exceeding ten lines, will be inserted FREE three times for subscribers. Always state reasons for selling.

The Dead Advertise Not.—*Medical Age.* Moral: Advertise and Live.

Sander & Son's Eucalypti Extract (Eucalyptol).—In the article treating on inhalations of eucalyptus in cases of diphtheritis (Berlin *Klin. Wochenschrift*, 1876, No. 21) by Prof. Dr. Mosler, Director of the Medical clinic of the University at Griefswald, it is stated: "The oleum eucalypti folies, I employed in my tests, I received through Holzle & Chelius, Frankfort-on-the-Main; it must not be mistaken for the more frequently offered oleum eucalypti australe which is obtained from the wood of the eucalyptus trees. This latter oil is used commonly for mechanical purposes and has a far cheaper price; it is, however, no longer applied by me as an internal medicament." We certify that the oleum eucalypti folies named in the Berlin *Klin Wochenscrift*, 1879, No. 21, and there mentioned to have been procured from us, was the product of Messrs. Sander & Sons, Sandhurst, Australia. Holzle & Chelius, Frankfort-on-the-Main, Agents.

Tannigen in the Treatment of Gastro-Intestinal Troubles.—In the treatment of acute and chronic catarrhal inflammations of the intestinal mucous membrane the employment of astringent remedies plays an important part. It frequently happens, however, that their use must be abandoned because of the gastric irritation to which they give rise, impairing the appetite and digestion and thus contributing to the already reduced nutrition of the patient. Tannigen the new astringent is free from these advantages, for, as it is not decomposed in the stomach, it is entirely devoid of irritating effects upon the gastric mucous membrane, and for the same reason exerts its full astringent action in the intestinal canal. Dr. C. Kunkler (*Medical Week*, March 15, 1895) has experimented with Tannigen in treating in the wards of Dr. F. Schultze, Professor of Clinical Medicine at the medical faculty of Bonn, certain patients who suffered from acute and chronic gastro-enteritis, especially children. The remedy was administered to children under one year in doses from 10 to 20 centigrammes, three or four times daily, and to older children and adults in doses of from 15 to 50 centigrammes, repeated several times in the twenty-four hours. In almost all the cases the results of the treatment were excellent; the diarrhœa and other gastro-intestinal disturbances rapidly ceased, even in cases which had resisted administratiou of calomel, naphthalene and bismuth Dr. Kunkler is of the opinion that it would be well to try Tannigen in typhoid fever, in which it is likely that it would have a beneficial effect in the intestinal ulceration, and also in the treatment of albuminuria. At the onset of enteritis, Tannigen should be associated with a powerful antiseptic such as calomel or naphthalene.

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"I have found Pasteurine an excellent deodorant as well as an efficient antiseptic." Ohmann-Dumesnil, M. D., St. Louis.

Melachol.—A new and elegant combination of sodium phosphate, citric acid, and sodium nitrate. A full size bottle will be sent free to any physician sending his address to the Alta Pharmacul Co., St. Louis, Mo.

Had a British Hubby.—Friend—You still employ Dr. Hardhead, I see. Mrs. De Style—He's just lovely! My husband and I both like him. When we are ailing he always recommends old port for my husband and Newport for me.

Permanent Results.—I have derived the most satisfactory results in all nervous troubles from the use of Peacock's Bromides. I frequently prescribe it and I invariably do so when bromides are indicated since I am certain to get permanent results. FRED'K. G. MOORE, M. D., 82 W. Dedham Str., Boston, Mass.

LaGrippe with Scanty Secretion and Retention of Urine.—Sanmetto acted very satisfactorily in a case of a lady fifty-three years of age suffering from la grippe, accompanied with scanty secretion and retention of urine. Sanmetto was given in doses of two teaspoonful every four hours, and within twenty four hours her urine was passed freely and without pain.
Filley, Mo. G. M. LISTON, M. D., U. S. Exam. Surg.

The Stamp of Perfection.—The name of "Charles Marchand" affixed to a preparation is evidence enough to the medical profession that we have a preparation that is worthy of our consideration, and that it will do all that is represented to do. His preparation of Hyrozone is one of the strongest and safest antiseptics now in use. The Peroxide of Hydrogen has been in use long enough to convince us that for a cleansing agent it has no equal. Glycozone is an excellent remedy for disorders of the stomach and inflammatory conditions of the alimentary tract. Marchand's preparations received the highest award at the World's Fair for stability strength, purity and excellence.—*Western Med. Jour.*

Salophen as an Antirheumatic.—Drs. DeBuck and Vanderlinden (Allg. Medicin. Central-Ztg. No. 1. 1895) call attention to the fact that while the antirheumatic properties of Salophen, especially in acute articular rheumatism, have been demonstrated by many authors, much less has been written with regard to its analgesic effects. Excellent results have been obtained from the remedy in the extensive domain of painful affections of the nervous system such as cephalalgia, hemicrania, pleurodynia, neuritis. In view of the anti-neuralgics and analgesics in common use DeBuck and Vanderlinde were led to give Salophen a careful trial in conditions where this class of remedies is indicated. Among twenty-three cases treated 17 were completely cured, 2 improved and only 4 not perceptibly relieved. Favorable results were obtained twice in 3 cases of cephalalgia, once in 2 cases of sciatica, in all of 3 cases of odontalgia, in 6 out of 7 cases of facial neuralgia, in 3 of 4 cases of lumbo-abdominal neuralgias, in 1 of 2 cases of intercostal neuralgia, and in 1 to 2 cases of pleurodynia. To obtain prompt effects, however, the remedy must be given in sufficient doses, 1. 0 Gm. as a single dose, and 3. 0 Gm. daily, and this explains the failure experienced by some observers. It is not always necessary to give doses of this size, frequently 0.75 and even 0. 5 Gm. repeated once or twice will suffice to alleviate the pain, if not to effect a complete cure of the neuralgia. This was especially observed in some cases of odontalgia where relief was obtained rapidly from the use of small doses. Aside from its efficacy and promptness of action, another important feature of Salophen commented on by authors, is that its administration is unattended by disagreeable after-effects or disturbances of the intestinal canal. It is readily taken on account of its freedom from taste and odor, and is perfectly innocuous in doses sufficient to exert its effects.

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A Consultation.—Patient: "Doctor, my memory has recently become shockingly bad." Doctor: "Indeed? In these cases, sir, it is my invariable rule to ask for my fee in advance."—*London Punch.*

Physicians receiving a copy of this issue of THE HERALD, who have not subscribed, will please understand that their names have been handed us by some friend. The "offense" will not be repeated, unless we receive a subscription blank filled out and mailed to our address. See list of 100 premiums on another page.

Mrs. Shakespeare.—Shakespeare, who was born in April, 1564, was in his nineteenth year when he married, writes Dr. William J. Rolfe in the March *Ladies' Home Journal.* Of Anne's birth or baptism we have no record, but the inscription on her grave informs us that she was 67 years old when she died, August 6, 1623. She must, therefore, have been at least twenty-six at the time of her marriage. Some biographers have taken the ground that the "smart" young woman of twenty-six entrapped the boy of eighteen into this match, which, from a worldly point of view, was so imprudent; but I fancy that the boy himself would have disdained to urge any such excuse for his conduct.

Could not do Without It.—There are few drugs which the physician believes he could not possibly dispense with. Some of the older ones are such remedies as Quinine and Iron. In the new Materia Medica such a drug is antikamnia, as the following physicians have testified to within a few weeks. Constant Sawyer, M. D., physician to State's Prison, Auburn, N.Y.: "I do not know what we would do if we had not antikamnia in our institution." J. H. Placker, M. D., Chicago, Ills., "I would not know how to do business without Antikamnia." W. M. Park, M. D., San Francisco, Cal. "I could not well do without it." A. Stout, M. D. Bethlehem, Pa. "Antikamnia is one of the most useful of all the preparations of the Materia Medica, and I do not know how we could get along without it." J. H. Mundell, M. D., Washington, D. C. "I have found Antikamnia indispensable in my practice."

The Gouty State and its Treatment.—The treatment of gout and the host of other disorders resulting from the presence of an excess of uric acid in the blood and secretions is to a great extent hygienic. As many of these cases are accustomed to a sedentary life, it is of importance that they should take a certain amount of out door exercise, walking, horseback exercise, bicycling, or if circumstances permit a prolonged vacation, a trip in the mountains or a sea-voyage will sometimes accomplish wonders. A regulation diet based upon common sense rather than theoretical speculations–the elimination from the dietary of any food or beverage likely to tax the digestive organs, disturb the hepatic functions, and favor production of tonic substances is of utmost importance. As an auxiliary to the hygienic treatment certain drugs which experience has shown facilitate the elimination of uric acid from the system, subserve a useful purpose. Among these the alkalies, especially the salts of lithia, have long enjoyed a high reputation, but within the last few years a remedy has claimed the attention of the profession which an extensive experience has shown to possess all the properties that should belong to a uric acid solvent, viz., Piperazine. By keeping the uric acid in a soluble form piperazine prevents its retention in the system and its deposition in the joints and other tissues. Its administration in lithæmia is frequently followed by a copious discharge of uric acid gravel, and its continued use in chronic gout is usually attended with relief of the pains and stiffness in the joints and the gradual disappearance of the so-called gouty swellings. A considerable number of cases have also been reported in which the solution and disintegration of renal calculi has been effected by the internal use of Piperazine and in several instances where operative interference has been contemplated, a previous trial of Piperazine has brought about a cure and obviated the necessity of serious operation. Piperazine-Bayer prepared by the Farbenfabriken vorm. Friedr. Bayer of Elberfeld, may be obtained in one and half ounce vials, also in tablets containing 16 grains each, which is the average daily dose.

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Dysmenorrhea, the congestive kind, with stomach-ache, and excruciating headache and pain in back, which is often in young girls and women with displacments, can often be relieved by Celerina and Aletris Cordial combined, in equal parts.

It Requires But a Moment's Time to say "I noticed your offer in THE MEDICAL HERALD," and by so doing you will confer a favor on both ourselves and the advertiser, who is anxious to know where to credit the inquiry or order. Frequently one of our subscribers in Wisconsin or Ohio will send in an order, and neglect to mention us, and the consequence is, some other fellow gets the credit, because the advertiser would naturally favor the medium nearest the home of the inquirer.

"**Your** agent waited upon me sometime ago with a sample of Pasteurine. Its use has shown me that it is very good and that it may be safely advised where an article possessing the virtues you claim for it may be indicated. I have used it both externally and internally, without being disappointed in a single instance. Wounds made with instruments dipped in it behave kindly. I doubt not but that it is possessed of all the properties which you claim for it, and feel that there is nothing like it as an adjuvant to the toilet. It is my candid opinion that no one will be disappointed in the use of it.

J. L. CILLEY, M. D., 63 West Eighth St., Cincinnati,Ohio.

Strontium Bromide in Epilepsy.—The constantly increasing number of incurable epileptics, both in asylums and at large, occasions an ever-growing demand for new drugs, from which we may at least hope to effect some improvement, in either their physicial condition, or a diminution of the number of seizures. Among the recent applicants for medical favor in this line has been the bromide of strontium (Paraf-Javal), purporting to a salt free from the impurities of the ordinary commercial article, which render it unfit for continued use, or even poisonous in moderate doses. This statement as to its non-toxic action we have found to be well founded, no evil result having followed 30-grain doses repeated thrice daily, and no case that has been treated with the salt has shown other than beneficial results. Above all, we have to note continued absence of a bromide acne (even the disappearance of the rash, through it was present when the use of the strontium was commenced), a very much lessened somnolent effect, the patients without exception appearing brighter and more cheerful under its use than with the sodium salt, and finally certain excitable cases were less quarrelsome after a seizure, than under the every day treatment; points all of every considerable value, both in private and asylum practice.—*Times and Register.*

The Barnes Medical College.—The above institution has just finished a most successful session, the third of its existence. Its growth has been phenomenal beyond all the dreams of its promoters. It now stands eleventh in number of its students in the United States. Those who have a larger number are institutions of many years standing. The Barnes graduating class numbered 64, all bright men. The general average of this class in their examinations was over 80 per cent. The college challenges emulation in this regard. The institution is about to erect a new building. They have outgrown their present quarters and must increase their accomodations. The cut which appears in this number of our journal represents the exterior. It speaks for itself. The building will be about a hundred feet square, and situated on the corner of Thirtieth and Chestnut streets, in the west end of the city, a beautiful location, with the most pleasant of associations. As for the interior, the board of trustees and faculty will spare neither skill, pains or money to make it all that it should be, the best in the country. The faculty are competent and obliging. The students, therefore, are dilligent and of high standing. The prices charged, while not small enough to lower the dignity of the character which the degree of M. D. has ever conferred, are not so high as to shut out those young men whose only financial means depend on their own personal exertions.—*Med. Era.*

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Celerina, in teaspoonful doses, two or three times a day, will be found a valuable remedy in night terrors.

To Our Readers.—In addition to publishing the best original articles of any journal in the West, THE HERALD desires to enlarge its News Department, and to this end earnestly requests all its friends to send in news and items concerning the cases they treat; removals; notices of births, marriages, or deaths, occurring in the families of physicians; together with any thing of interest to the profession of the great Missouri Valley and contiguous territory.

Dr. E. H. Wheeler an alderman of Westport, Mo., seeks to pose as a reformer, and will introduce an ordiance at the next council meeting which will doubtless create consternation in the ranks of women who ride bicycles. It provides that the wearing of bloomers on the streets of Westport shall be prohibited. Westport is a residence town where many society people live. Bicycling has become quite the rage, and within the past few weeks a great many bloomers have been seen there.

Skin Diseases.—I received in due time and in good order, a sample of your Pineoline (Walker). My special reason for wishing to test its virtues was in a case of obstinate mucous irritation of the urethral tract. I have given Pineoline a fair trial in a case by lubricating the catheter when used. The unirritating and healing effects of the medicine had the desired effect, for which I am greatly pleased. I have used it in irritating skin disease and found its action decidedly satisfactory. Your Pineoline must take a front rank in the treatment of those diseases for which it is recommended. J. P. COWLES, M. D., Hartford, Conn.

Trional Poisoning: Recovery from Large Doses.—In the *Deutsche Medicinische Wochenschrift*, No. 7, Schultze reports the case of a melancholic woman, who was treated for insomnia by Trional in doses of 0.5–1.5 gm. in the evening. After having taken altogether 25.0–40.0 gms. of the drug, her condition changed greatly for the worse; she refused food and suffered from pains in the hypograstrium and died three weeks after discontinuing Trional. The first signs of toxic effect was the development of hematoporphynuria. Schultze, therefore, advises caution in the prolonged administration of Trional. The report of this case calls to mind a similar one observed by Dr. E. Kramer in the *Psychiatric Clinic* of Prof. Pick. The patient, a pharmacist, aged 20, had formerly been habituated to morphine. A condition of insomnia persisted, for which Trional was given in doses of 1.0 gm. nightly. One morning he could not be wakened up, appeared collapsed, with weak pulse, slightly sterterous breathing, pupils markedly dilated. In the course of the day the collapse abated somewhat, but clonic spasmodic twitchings of the upper extremity occurred at intervals. In the evening he lay in deep sleep, pulse much improved, pupils less dilated and reacting, respiration 30. Patient waked with much difficulty, and appeared very drowsy, unconscious of time and place; marked ataxia, retention of urine, but no pains. He slept well that night, and on the following morning felt well, both subjectively and conjectively. He now confessed that for a suicidal purpose he had taken 16 grammes Trional. On examining the extensive literature of Trional, Kramer, had been unable to find only one other case of poisoning reported by Collatz. An epileptic took 8.0 grms. for suicidal purposes, and one-quarter hour later suffered from an epileptic attack of five minutes' duration. After he had regained consciousness he complained of nausea, and sank into a deep, dreamless sleep, which lasted for seventeen hours, during which the pulse and temperature remained perfectly normal. During the day the sleep continued with slight intervals of wakefulness. In the evening violent pains in the abdomen and retention of urine occurred, necessitating the use of catheter. On the following day the patient had completely recovered with exception of slight ataxia in walking and some headache.—*Prager, Medic. Wochenschr.*, p. 441, 1894.

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Who Expires First?—The Russian Courts have reversed the assumption of the American tribunals that when a husband and wife are drowned in the same disaster the wife dies first. Russian physicians agree unanimously that the man would be the first to die, because the women is more agile and keeps herself longer above water.

Walter W. S. Corry, M. D., L. R. C. S., I. & C., Rosedale Abbey, Pickering, Yorkshire, England, writes: "I have used Iodia and am satisfied that it is a very powerful alterative, and a great improvement on the old combination of iodide of potassium and sarsparilla, the latter drug itself being most doubtful in its effects, while the preparation is valuable also as a diuretic, a thing of no small consideration in most of the diseases in which it is indicated."

Acme Vaseline Atomizer.—The treatment of inflammations of the nose and throat with vaseline, benzoinol or albolene as a menstrum, is universally established, and is general regarded as the best method in these complaints thus far. This Atomizer is also efficient means for making local mercurial applications to throat and nasal cavity in syphilitic treatment. We have several monographs by competent authority, explanatory of the above methods of treatment, which we shall be happy to send to any address on application. HOLEKAMP, GRADY & MOORE INSTRUMENT Co., 915 Olive, St. Louis.

The Perfect Chair.—We have just received one of the new improved Lewis chairs, and wish to express our appreciation of the beauties and comfort of this most marvelous piece of office furniture. In appearance it is a handsome easy chair, fit to grace any office or parlor, in which the occupant may rock or remain stationary, at will. But presto, change, and it becomes a full length operating table, or conforms to any of the positions desired by the operator. The price of this chair is most reasonable and terms easy. Address The P. C. Lewis Mfg. Co., Box 99, Catskill, N. Y., for handsome illustrated catalogue.

One Hundred Points of Perfection.—It is only a few years since the Pabst Brewing Company's malt extract was first placed on the market. It was introduced as the "Best" Tonic, and through its excellence soon became a general favorite. At the great Columbian Exposition at Chicago, the Pabst Malt Extract was examined by the government chemist and the board of judges, and the result was the highest flattery that could be bestowed. Of all the host of malt productions they examined, coming both from this country and from Europe, the "Best" Tonic was selected as the only one thought worthy of the highest rank. It was marked with the 100 points of perfection. Such a distinction has never been conferred in the history of expositions. It recognized the Pabst Malt Extract as the head of scientific malt foods and in advance of the highest previous attainments in the production of malt extracts.

Malarial Conditions.—For all malarial conditions quinine is the best remedy we have. But associated with this condition there is always more or less pain, which often renders the life of the individual uncomfortable, if not positively miserable. Antikamnia will remove all these unpleasant symptoms and place the system in the best condition for the quinine to do its work. There are a number of ailments, not closely defined, which are due to the presence of the malaria in the poison. All such conditions are greatly benefited by the use of antikamnia and quinine. In headache (hemicrania), in the neuralgias occuring in anæmic patients who have malarial cachexia, and in a large number of affections more or less dependent upon this cachectic condition, the regular administration of this combination will produce the happy results. In cases of marlarial fever it should be given as a prophylactic and cure. "Antikamnia and Quinine" are put up in tablet form, each tablet containing two and one-half grains of antikamnia and two and one-half grains of quinine, and is the most satisfactory mode of exhibition.

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Various forms of neurasthenia are frequently cured by the use of Celerina, after the usual treatment with nux vomica, damiana, phosphorus, quinia, arsenic, iron, etc., have failed.

Phytoline.--The bottle of Phytoline I received from you a short time ago reduced a gentleman's weight from 228 to 215 pounds, also has in his case overcome muscular pain of a rheumatic character. J. F. SYNDER, M. D., Jacobus, Pa.

Knew Japanese.—A Japanese medical student at the University of Edinburgh recently claimed the privilege of being examined in his native language, which by the rules is allowed to all foreign students who are not French or German. The faculty was not put out, but found one of its own members who could examine him.—*Liverpool Mercury.*

Antidote for Cyanide Poisoning.—Cobalt nitrate is found by Dr. John Antal, a chemist of Hungary, to be an antidote to prussic acid and cyanide poisoning. First he tried the cobalt on animals, and then, presumably at different times, on forty living persons who had been accidentally poisoned by prussic acid, and in all cases the results are reported to have been satisfactory.

Extract From Clnical Report.—"I am able to obtain the therapeutic effect of a larger proportion of the dose of arsenic (without stomach disturbance) as contained in arsenauro than I can secure from other preparations containing arsenic. The arsenic is evidently modified by the gold and bromin present, rendering it more soluble and less liable to change during the digestive process. Seemingly strange, but such is my experience." W. H. H. MILLER, M. D., Williamsport, Pa.

Enuresis Nocturna.—Dr. F. Clark of Boston, Mass., writing says: "I have used Sanmetto with good results in bladder, kidney and urinary troubles. I had a man come to me from Philadelphia, Penn., who had been troubled from an infant up to the age of twenty-four years with nocturnal incontinence of urine—wetting the bed almost every night. I used three bottles of Sanmetto on him, and found it made a thorough cure. He can go to bed at eight o'clock and sleep until eight the next morning without urinating. I recommend with all honesty, to the suffering and to the profession the great cure—Sanmetto."

The Value of Iodine.—It has so often been my experience to be let out of a tight place, therapeutically speaking, by the use of the iodines, that I rather wonder at myself for not using them more rather than less, and cannot help thinking that if all practitioners of medicine have had an experience like mine, the compounds of iodine would head the list of drugs in frequency of use. Instead of using the iodide of potash as I used to do, I employ the calcium salts almost exclusively. My reasons for this are that the potash salts are poisonous if taken in considerable quantities. This has been shown to be the case, particularly in connection with the study of chronic nephritis. Morever, Prof. Germain See is authority for the statement in *La Medicine Moderne*, for March of last year, that preparations of are slow and uncertain in their absorption and elimination. On the other hand, he finds that the iodine and bromide of calcium are easily absorbed, are particularly useful for exerting upon the body the effects of iodine and bromine, and do not cause those gastric disturbances that so often interfere with the administration of potassium salts. Calcium salts enter so largely into the composition of bone and other tissues that they can always be regarded as having a direct nutritive value, and their innocuousness is not alone confined to the absence of irritating effects upon the digestive organs, as they cannot be regarded as poisons in any sense of the word. The dose of the calcium compounds is practically the same as that of the potash salts, and their extended trial is worthy of the attention of practitioners of medicine. I find the Elixir Iodo Bromide of Calcium Compound-Tilden's, in every way satisfactory and entirely worthy of confidence.—*William Davis, M. D., of St. Paul, Minn., in The Journal of Materia Medica.*

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Surgical Chair.—Any doctor in need of a first class operating chair, can secure a bargain by addressing RETIRED, care MEDICAL HERALD, St. Joseph, Mo.

True.—Circulations, like metals, have their qualities and values. An ounce of gold is worth more than a pound of brass. A small ad. in a journal of high-class circulation is worth two pages in a "cheap" sheet.—*Woman's Medical Journal*

"**Pasteurine** is a thoroughly efficient antiseptic. I have found it of great value as a dentifrice, a vaginal douche, a gargle, a remedy for fermentative dyspepsia, a local wash for the skin in scarlet fever, of value for surgical purposes, and in all infec diseases. It is indispensable for the sick room and laboratory."

I. N. LOVE, M. D., 3642 Lindell Ave., St. Louis.

In the after-treatment of a case where an "operation for the relief of an impermeable occlusion of the æsophagus of five years standing" was performed, which operation was reported at length in the *N. Y. Medical Journal* of March 23rd, 1895, Dr. Augustus C. Bernays, A. M., M. D., Heidelberg, M. R. C. S. Eng., Professor of Anatomy and Clinical Surgery at the Marion-Sims College of Medicine, the operating surgeon, says: "The patient rallied fairly well after the operation, but she became greatly emaciated. Liquid food was given at short intervals and stimulants as indications demanded. In order to ally the extreme nervousness and irritability, antikamnia was given and it acted promptly and satisfactorily in every instance." Of the further history of the case it may be stated that on the seventh day after operation, the patient took into her stomach through the natural channel the first food which had passed into it in five years; and that in two months convalescence was regarded as fully established.

Inebriety, Delirium Tremens, Opium Habit, Etc.—To overcome the appetite for strong drink we must employ a remedial agent which, while acting as a stimulant and tonic on the system, will cause no disgust for it or nausea when its use is continued for some time. In Celerina we have almost a certain cure. Celerina, while causing no nausea whatever through and by itself, will, in most cases, as extensive experience has proven, imbue the person using it with an actual disgust for, and an abhorrence of, all kinds of strong drink. In the varied conditions following the abuse of alcohol, opium and tobacco, to restore the patient and tone the nervous system, Celerina is of great value, and as a tonic to the nervous system in all those cases of nervous exhaustion, whether evolved in the cerebral or spinal centers. Celerina, in doses of a fluid drachm three times a day, destroys the craving for alcoholic liquors. Celerina is a remedy par excellence to tone the nervous system in the varied conditions following sexual excesses and the abuse of alcohol, opium and tobacco.

In the Treatment of Nervous Diseases and General Debility, Mc Arthur's Syrup Hypophosphites demonstrates its restorative powers. Here it is not the stimulating action of the remedies usually classed as tonics that is needed. The organic powers of the system are already taxed to their utmost ability to carry on the physiological process of life. The Hypophosphites of lime and soda gives the much needed effect in these conditions—not that of a stimulant by irritation, but that of a true nutriment to the starving tissues. Its tonic effects are permanent as they are the effects of a richer blood supply, bringing healthy food and oxygen to the tissues. Thus the patient is gradually brought up to his normal condition.

After an attack of the grippe the patient finds himself in a state of extreme weakness and prostration from which condition he is tediously brought to his former good health. Remedies which stimulate his exhausted nerves too vigorously do so at the expense of his general condition. Then comes the relapse. Syr. Hypophos. Comp. McArthur, conveys to the tissues the revivifying agent phosphorous in its most oxidizable and assimilable form. Thus the true vitality of the nerve ructure is restored by renewing the nutrition of the tissues themselves.
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THE MEDICAL HERALD

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HIRAM CHRISTOPHER, M. D., Editor.

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The Treatment of Abortion, with Report of Cases.

BY IDA C. BARNES, A. B., M. D., TOPEKA, KAS.

READ BEFORE THE WESTERN ASSOCIATION OF OBSTETRICIANS AND GYNECOLOGISTS, OMAHA, NEBRASKA, DECEMBER 27TH, 1894.

THE great prevalency of abortion, the many serious sequences, the manifold dangers to which it exposes women, both immediate and ultimate, the intimate relation it bears to the public welfare, morally and numerically, make the treatment one of the serious questions of the medical profession, and when is added the well authorized report that criminal abortions are upon the increase, it fore-shadows national decay.

To the medical profession alone, is known the enormity of this crime, and to them alone is it permitted to fully realize the position of a nation depending upon its people for government and those people slowly but surely weakening themselves by practices which cause both physical and moral death.

In order to successfully treat any disease a very clear understanding of the conditions presented must exist, as well as a thorough knowledge of the means available, and their applicability to the case under consideration.

Dr. T. Gallaird Thomas classifies all causes under three heads, namely, systemic, fetal and uterine, maintaining that all cases may be definitely assigned to one or another of these; and that the classification is sufficiently independent to avoid much over lapping.

The simplicity and the utility of the outline certainly commends it to the busy practitioner, establishing a basis from which to work out each case; while the theorist may no less successfully elaborate and touch every variety of known cause and yet get beyond the bounds of so general a classification.

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The systemic causes include all constitutional diseases, particularly the exanthematous fevers, which over-load the circulatory system with excrementitious material or drugs designed to increase muscular action (of the uterus) or that produce a deleterious effect upon the blood, changing its constituency and rendering it incapable of accomplishing its proper function; also all nervous phenomena and every variety of accident which may act as a determining factor in the production of an abortion due to constitutional irritation.

The fetal causes are confined to diseases of the fetus, which may be followed by death, thus making it a foreign body, to disease of its membranes or placental portion interfering with nourishment, and lodgment or accidents sufficient to upset the equilibrium established between the fetal and maternal organization.

The uterine causes are local; in which displacements, particularly retroflexion, is a marked factor; and all diseases of the uterus which make the uterus and its membranes an uncertain lodgment for the fetus, also all abnormal growths and tumors, benign or malignant, and accidents which injure the uterus or its membranes.

It is impossible in the short time allowed me to enumerate all the various conditions productive of abortion that a careful investigation under each of these three divisions will reveal.

There will also be many cases in which it will be impossible to definitely determine the cause, and many others in which the cause, although plainly discernible, does not respond to remedial measures.

The so-called "habit" of abortion too often depends upon some individual idiosyncrasy or dyscrasia not easily eradicated.

The treatment of abortion is directed first to prevention, and second, where inevitable, to the relief of dangerous symptoms and to the avoidance of serious complications.

In these days of advancement along all lines of medicine, when, as never before, the importance of prophylactic measures is advocated, nowhere is there a greater necessity for the practical application, than that pre-natal development shall not be summarily cut off.

None are so well aware of the devastating traces which mark the path of abortion as the physicians here today, and none know so well the fact that more women find their way to the gynecologist's office through this interrupted physiological process than through any other one channel.

Arguments for the conviction of this assemblage are not needed; but plans whereby women of the land may be more strongly impressed; by a greater knowledge of the disease entailed; and of the seriousness of the loss of fetal life, and of the criminality of fetal destruction.

Again it may be said no one can do this better than the physician.

Responsibility does not end with a refusal to become an active participant in a criminal abortion, for it often means a simple transference to some one sufficiently unscrupulous to take advantage of the despair or fear of a nervous woman.

The only thoroughly successful method of inculcating proper knowledge, is to instruct the mothers so that they will utilize more distinctly their

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duties to themselves, and to their children, and that also instructions be given the girls and boys at the proper age, concerning the functions of the generative system and of the disastrous results of abuse and crime in this direction.

So many young women enter your office during the first weeks of their married life to seek advice or treatment for some vaginal or uterine or urethral irritation and proudly declare that they know nothing about the organs of generation.

The question always arises in my mind: Why not understand before contracting for functional activity? Why not understand something of this function as well as of the stomach and liver?

I am persuaded that such knowledge would make better women, better mothers, who would endure the discomforts of pregnancy with greater fortitude and more joy of anticipation for the possibilities of the coming generation, while no stain of meditated crime would blight their souls.

When, however, abortion threatens, an immediate relief of irritating symptoms is demanded.

If the exact location of the lesion is demonstrable and is available for direct treatment, so much better the prognosis, as a rule.

Usually the first symptom is hemorrhage. It may be slight or copious. In either case absolute rest in bed is indicated, which may be intensified by an opium suppository.

External irritations as well as internal irritations must be allayed, which means a dark room, no worry, no visitors, while attention must be given to all organs of secretion and assimilation, that the functions are properly performed.

If the hemorrhage become at all alarming a tampon made of balls of cotton, boiled in a five per cent solution of carbolic acid for half an hour, may be employed to pack the vagina after an antiseptic vaginal injection has been given, of corrosive sublimate solution 1 to 4,000.

This will control hemorrhage, and in the event that abortion is not inevitable, can be removed after several hours, but if the separation of the membranes is so extensive or death of the fetus or other causes make the termination of the pregnancy the only possibility, the tampon more tightly packed, and even inserted into the mouth of the uterus, is still the most efficient treatment, securing the patient against the dangers of accidents and permitting the attendant upon the removal of the cotton to remove also the fetal shell and membranes, found to have gradually separated from the uterine portion.

In a great many cases simple rest in bed will accomplish the desired result, and frequently vaginal douches of hot water will stop the hemorrhage.

Some cases of habitual abortion due to local disease, or a general neurotic condition in which the uterus will not retain the fetus, a rest in bed twelve days during the month, corresponding to the menstrual epoch or even from the third to the eighth months, have been found necessary to complete a pregnancy.

The second symptom of abortion is pain coming at irregular intervals and denoting uterine contractions attended by cervical dilatation.

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If this cannot be allayed by means of rest and sedatives, there is no hope of continuing the pregnancy.

The third symptom is nausea, not always present but an ominous sign.

If there if a history of repeated abortions the physician should not be satisfied with a simple examination of present physical conditions, but secure the results of former investigations made to discover the cause of abortion, with also a history of diseases for which the patient has been treated, from the attending physician, and if the patient became a permanent one, in the interim of pregnancy, a faithful research should be made for local disturbances in the form of uterine displacements or disease or tumors or cervical tears, while effort be made to relieve any constitutional disease.

One of the principal dangers of abortion is septic infection. This occurs more frequently in criminal abortions produced in the most unsurgical manner, with unclean instruments, in the office, from which the patient returns to her home and to her ordinary duties in order to still further conceal her condition.

Immediate curetting of the uterus for the removal of septic foci is indicated, followed by antiseptic uterine injections, attention being given to all complications, and there is a possibility of preventing the formation of abscesses or general pyemic infection.

There frequently occur cases which necessitate a produced abortion to save the life of the mother, as for instance, continued emesis, a contracted pelvis which will not permit of premature birth, nephritis which threatens eclampsia, uterine or ovarian tumors and septic infection.

This rule should always be observed, that so grave a responsibility as the destruction of a life should not be undertaken without consultation, unless immediate death of the mother threatens, under circumstances where consultation is unattainable.

When septic infection is present, as shown by chills and fever and a rapid irritable pulse with an odorous vaginal discharge not due to any other lesion, immediate delivery is necessary to prevent constitutional overwhelming.

This is done after consultation, with an assistant, under an anesthetic, artificial dilatation being produced with Hegar's or Goodell's dilators, the mass removed by digital manipulation and fragments of adhesive tissue secured with the curette, all done under strictly antiseptic precautions and followed by an antiseptic uterine douche, repeated once or twice daily as symptoms indicate for several days.

Stimulants and tonics are also given as supportive treatment.

In other cases where produced abortion is necessary the tampon, preceded by partial cervical dilatation, under an anesthetic, and a plugging of the cervix with antiseptic gauze or with a glass plug as recommended by Dr. Thomas, this glass plug being about the size of the small finger and an inch in length, fitted with a shoulder (held in place by a tampon), acts as a sufficient irritant.

The injection between the membranes of about two ounces of boiled glycerine is also reported to be a successful method.

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Further attempt to elaborate is simply a branching out into the broad domain of medicine and surgery as applied to the complications of pregnancy, and must be delegated to each physician as he deals with his different cases. I have appended a report of eight cases, as follows:

Case No. 1. September, 1890, I was summoned to the home of Mrs. M., at 6 P.M.; found the patient, a woman of twenty-eight, suffering from abortion, the fetus being already expelled, but the placenta retained.

The pregnancy was four and a half months advanced. The abortion had been in progress several days, no medical attendant being called.

Hemorrhage was not excessive. Preceding the delivery of the fetus, the patient had been seized with a nervous chill which had lasted an hour, the paroxysms being so severe that the teeth chattered and the limbs shook.

The patient also complained of a great depression from which she had partially rallied by the time of my arrival.

Vaginal examination revealed the os uteri patulous for one finger. An assistant giving the anesthetic, I attempted to dilate the fingers. The os was tense and firm and thus not easily stretched, although I succeeded in removing a few fragments of placental tissue, but while engaged in the operation, the patient became rigid and pulseless, and her eyes rolled up in the most appalling style, and the convulsive chill which I have already described shook her frame.

All manipulations were at once suspended and restoratives administered.

Four hypodermic injections of whisky and digitalis were given in rapid succession, followed by two hypodermic injections of ether.

This with friction and artificial heat soon relaxed the spasm, and with returning consciousness, the attack ceased in about twenty minutes.

Such an accident occurring in the earlier years of my practice, deterred me from a renewal of the anesthetic until further assistance could be obtained, deeming it better to leave the placenta in situ a few hours, to the alternative of losing my patient, as seemed probable; however, before assistance came another chill occurred of less intensity, and the placenta was expelled intact.

The patient made an uninterrupted recovery. The temperature and pulse remained slightly above normal for a few days.

The after symptoms corresponded in no way to the initial chill, leading us to consider it primarily nervous in origin and not secondary to toxemia, as I had at first feared.

Vaginal douches of corrosive sublimate, 1-2000, were given daily and tonic treatment in the shape of small doses of iron and quinine.

Case 2. October, 1890, I was summoned in haste to the bedside of Mrs. L., a woman of forty, who had suddenly been seized with a severe attack of excessive uterine hemorrhage. Her clothing and the bed were literally saturated with blood.

She immediately informed me that she had passed a mass of some fleshy substance, which she had saved for inspection.

It proved to be a six weeks ovum intact.

Hot douches checked the hemorrhage. This was followed by small doses of the fluid extract of ergot given at regular intervals for the next two

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days when all bad symptoms were entirely relieved and the patient, contrary to orders, met me at the door on the third day, and I ceased my visits.

Case 3. May, 1891, was a consultation with a colleague, in which I was called ostensibly to give an anesthetic for the purpose of emptying a pregnant uterus.

Hemorrhage had been quite extensive and labor pains were present. The pregnancy was advanced about four and a half months, and the patient had been threatened with abortion once or twice before during this same pregnancy, but it had been avoided by appropriate measures.

The vagina had been tamponed with antiseptic gauze which was removed in my presence, and I made an examination, finding so little dilatation and no urgent symptoms that I refused to give the anesthetic, offering to hold myself in readiness to give prompt assistance should the necessity occur, and advising sedatives and absolute rest in bed.

I was not called upon again, but accidentally discovered that two months later the patient was again threatened with abortion and was still receiving expectant treatment.

Case 4. May, 1890, I was requested by a colleague to attend a patient threatened with abortion.

The ovum protruded from the mouth of the uterus about one-half of an inch. The pregnancy was six weeks advanced, and the accident had occurred a week previously.

The patient was kept in bed and sedatives given. I saw her for a week, in which no change occurred, and was told some two months later that the ovum had retained its place and the pregnancy advanced. Whether completed or not I do not know.

Case 5. October, 1892, a woman thirty-three of age, pregnant four months, frightened by some unaccustomed noise, one night, while out of doors near her home, turned to run and fell on the side walk, sustaining a severe shock and several bruises.

The next day she had considerable hemorrhage, followed by regular uterine pains which finally ceased without medication.

Two weeks later I was called and found the cord protruding, in which position it had been for two days. No pulsation existed, so I did not attempt to replace, but ordered the patient to bed. There was no hemorrhage; neither any symptoms of septicemia.

Within three days the pains came on regularly and the fetus and placenta were expelled separately but completely. The patient made an uninterrupted recovery.

The treatment consisted of tonics and the vaginal douche twice daily, of corrosive sublimate solution, 1 to 3000.

Case 6. November, 1893, the patient came to my office and reported that her menstruation had ceased. She was in great distress of mind concerning her condition, supposing that pregnancy was the cause, and requesting an emmenagogue to procure the return of the menses.

A prompt refusal to participate in such unprofessional work, elucidated only tears and a declaration that she would get some one else to give her the medicine.

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She did not seek a vaginal examination to ascertain more certainly the true status of affairs, evidently being very settled in her own convictions as well as exhibiting quite a marked history of pregnancy, so none was made.

Five months later she came into my office for an examination, which I made, finding her five months pregnant, a fact which she again deplored.

Two weeks later I was called to her home. She met me at the door and said she had not been very well during the past week, and that while out walking several days before, she had suddenly been seized with severe cramps in the pelvic region, and that this was followed by a uterine hemorrhage wnich had since continued in a moderate degree, and that the pain had again returned.

I made a vaginal examination, finding the os patulous and slight hemorrhage existing, ordered the patient to bed and prescribed sedatives which she did not get.

Returned the next day and found everything quiet and ordered the family to report to me by telephone.

Two days later I was called up and told that thirty-six hours before my patient had had a severe chill and that she was now suffering from headache and nausea and some fever.

I immediately went to the home and found the patient in bed with a temperature of 102°, pulse 124 and weak and irritable, with an odorous vaginal discharge, which soap and water would not remove from the hands. There were no uterine pains, but a great deal of supra-pubic tenderness.

I asked for consultation and assistance and before six hours had passed, under an anesthetic, dilated the mouth of the uterus with Hegar's and a modification of the Godell dilator and delivered a five months fetus.

The placenta was adherent and was removed by digital manipulation, followed by the curette for the fragmentary adhesions.

Thorough antiseptic precautions were observed and the uterus washed out with a 1 to 2000 corrosive sublimate solution, and repeated each day four or five days.

The temperature fell to 100° within two hours and the recovery was uninterrupted except for a severe chill which occurred on the fourth day after the operation.

I am unable to assign any definite cause for it unless purely nervous; the family relations were far from pleasant.

I had hardly left the house after a most satisfactory visit when it came on, and the nurse worked two hours before succeeding in entirely relieving her. She said that the bed even shook, and although an experienced nurse in surgical cases, she thought the patient in collapse.

I could not be found until several hours later, when the report came that she was better, and I discovered upon my accustomed visit the next day, no untoward symptoms to indicate any serious condition, in fact her recovery was unimpeded, and today she is perfectly well in every respect.

Case 7. August, 1894, I was summoned to see Mrs. R., a woman thirty-nine years of age, whom I had previously attended in two attacks of temporary mania, which usually lasted from three to four weeks.

Found her in a bed soaked with blood. The hemorrhage had come on suddenly and in large quantities the day before, but since she attributed

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her attacks of insanity to a rush of blood to the head she considered this a means of relief and did not send for me. Her husband, however, became alarmed.

She could give no connected history of her menstrual epochs, except that she was somewhat irregular and that it was six months since the last.

I examined all the clots I could find, but secured no fragments of an ovum or placental tissue.

I ordered absolute rest in bed and gave hot douches without effect. The os uteri was dilated and plugged with a large clot which checked the bleeding when in situ, and was followed by severe hemorrhage upon dislodgement.

She complained of no uterine pains, neither was the uterus much enlarged or tender to touch. Her mucous membranes were pale from loss of blood.

Eighteen hours after first seeing her I curetted without an anesthetic, the mouth of the uterus being sufficiently dilated to permit the introduction of the instrument. She bore the operation without complaint.

I obtained a small fragment which looked like placental tissue. It was not examined microscopically.

The uterus was then washed out with a solution of corrosive sublimate, 1-2000, and repeated until the fourth day. The pulse remained nearly normal. There was a slight rise of temperature, never above 100°.

Tonics were given in the shape of quinine and strychnine in small doses. She was somewhat nauseated and troubled with constipation during her convalescence, but the prognosis was most favorable until the ninth day, when symptoms of returning mania appeared, and she gradually grew more violent and uncontrollable until the fourteenth day, when the relatives succeeded in getting her admitted into the insane asylum. There she made a rapid recovery and was discharged in three weeks. Since then she has been well.

Case 8. September, 1894, Mrs. R.'s husband called at my office and reported that his wife was not well and that her menses had suddenly stopped, and requested medicine to secure a return of the flow.

After due explanation regarding my position concerning such cases, he admitted that he thought it was a case of abortion. I told him I would do nothing for his wife until I could visit her and judge of the necessities of the case for myself, upon which he departed.

Thirty-six hours later I was summoned in haste at 2 A.M., to see Mrs. R., who was in great pain. Found abortion in active progress, with a temperature of 102° and pulse of 120, weak and irregular.

A vile odor pervaded the room and there was great tenderness in the inguinal and supra-pubic regions, and nausea and emesis.

The patient presented that sallow waxy complexion so indicative of septic poisoning, and gave a history of chills and fever upon several preceding days.

Vaginal examination revealed a patulous os with rim very much thinned and a fetal mass presenting.

The sepsis rendering preventive measures untenable and dilating pains being far apart, I gave a sedative to take off the edge of the pain, and left to return in a few hours.

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I told the husband that I considered the case a serious one and that probably the uterus would have to be curetted to remove any fragments which might keep up the infection. He emphatically declared that no instruments should ever be used upon his wife.

During my absence there was quite a copious hemorrhage. A few hard pains brought the entire fetal mass into the vagina, from which I removed it by digital manipulation. The fetus floated in a sac of amniotic liquid; the placenta was intact.

I was unable to discover any necrosed tissue and yet that odor existed. I gave a uterine injection of corrosive sublimate solution, 1-3000, immediately, and repeated it twice daily.

The patient was extremely nauseated and vomited freely. The bowels had not moved for several days. For this I gave calomel in half grain doses until three grains were taken without effect, except rather severe griping.

Then I tried several rectal injections, in each of which about four ounces of epsom salts were dissolved, and then finally, procured a rectal tube and gave high injections, including the salts, when hard balls of fecal matter were obtained, and any quantity of grapeseeds.

Later the calomel began to act, and there was quite a free evacuation. This occurred during the following thirty-six hours. The nausea was also relieved and the patient began to take nourishment in the form of milk and soft eggs.

The third day the temperature went up to 103° and the pulse became more irritable, and since the odor had not remitted I insisted upon curetting, but was not permitted. I also suggested a consultation, but was not heeded.

Vaginal examination revealed much infiltration about the uterus and a baggy feeling which I feared was pus.

From this time, however, the odor became gradually less, but intense neuralgic pains developed along the border of the diaphragm, and a congestion of the right lung occurred. Quinine, poultices and carbonate of ammonia relieved this complication.

The temperature ranged above 101° and the pulse persisted in its great irritability.

The next day the bowels ejected a clear mucous discharge resembling the white of an egg. This subsided in a few days and the fever gradually declined and the pulse became more firm and regular.

The appetite also reappeared, and the uterus lost that firm hard feeling and the infiltrated mass gradually disappeared in two weeks.

At the end of the second week the patient, in spite of orders to the contrary, began to sit up, and then insisted that she did not need a physician.

Two weeks later I learned that she had had a relapse, in which her husband treated her, and that the temperature had gone up to 101°.

I predict that sooner or later this case will fall into the hands of some of the laparotomists here.

In review: Case 1 returned in three months for gynecological treatment. Cases 2, 3 and 4 I lost track of, while the 5th has since borne a healthy child, but now complains of pelvic weakness, but I have not lately examined to discover the cause. Case 6th reports herself well, also Case 7th. Have lost sight of Case 8th.

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A Large Intra-Mural Abscess Cavity Filled with Gas and Purulent Material.—Treated by Laparotomy.—Recovered.

By A. F. JONAS, M. D., Omaha, Nebraska.

Professor of Clinical Surgery in the Omaha Medical College; Surgeon to the M. E. Hospital, Presbyterian Hospital, Douglas County Hospital, etc,, etc., Omaha, Neb.

READ BEFORE THE WESTERN ASSOCIATION OF OBSTETRICIANS AND GYNECOLOGISTS, OMAHA, NEBRASKA, DECEMBER 27TH, 1894.

THE case which shall serve as a basis for a few brief remarks, if not entirely unique, is certainly of interest from a pathological standpoint. It is the most interesting one of the entire fifty-six abdominal sections which we made during the year 1894.

Mrs. K., age 38, English, married, has two children, eight and ten years of ago respectively, both in good health. She was delivered of still-born twins at the fifth month, in January, 1891. Both fetal bodies were in a state of maceration, and had evidently been so for some time. In August, 1892, she was delivered of a lifeless child, evidently at full term. During this pregnancy she complained of an unusual fullness and constant bearing down, lasting to the time of her confinement. The attendant discovered nothing abnormal in connection with her pelvic organs. Convalescence was apparently normal.

During her last pregnancy, which terminated on June 3rd, 1894, she complained of much intra-abdominal pressure. Her abdomen was uncommonly large. Examination during the latter period of gestation revealed the uterus resting high in the pelvis, immediately behind the symphysis pubes, and could be reached only with the utmost effort. A hard swelling could be felt in Douglas' cul-de-sac, which seemed to present the physical characteristics of a normal, unimpregnated uterus. During labor the os gradually dilated; the right elbow presented with the head of the child in the left side of the pelvis. Version was accomplished with difficulty. As soon as both lower extremeties were pulled into the vagina, one strong uterine contraction expelled the child, which, to the surprise of the attendant, was dead. He had felt pulsation in the umbilical cord immediately before the expulsion of the child. There was a large quantity of amniotic fluid. The placenta was expelled in a short time, uterus contracted firmly.

Her convalescence was tedious; she gained strength very slowly. It is not stated whether there was fever or pain.

Professional attendance was discontinued after the first week. On June 6th she was seen again by her physician. He found her abdomen enormously enlarged, to a size equal to that before her confinement. A large intra-abdominal mass could be made out, immovable and some tympanitis; per vagina about the same condition seemed to exist as previous to her labor. The abdomen continued to enlarge during the following three days, when her condition seemed to have become alarming, and she was brought to the M. E. Hospital, July 9th, 1894.

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On examination we found a fairly well nourished woman, very pale, except for a lividity of the cheeks and lips; rapid, short respirations, (30 per minute); frequent, small, easily compressible pulse, (120 to 130 per minute); temperature 103.5 F. On exposing the abdomen, it was found to be of a size equal, and possibly larger, than a full term pregnancy. Circumference 48". On palpation could be felt a hard, indistinctly fluctuating mass, filling the entire pelvis, reaching almost to a point midway between the umbilicus and the ensiform appendix. It was somewhat movable but not freely.

The most prominent part of the abdomen was distinctly tympanitic, which was supposed to be due to distended intestinal coils. Per vagina the os uteri was found behind and pointing toward the symphysis pubes. Posteriorily could be felt a mass of firm consistency, which was thought to be the fundus uteri.

Attempts to move the abdominal mass with the left hand were accompanied by positive and simultaneous movements of the cervix and supposed fundus, indicating that the uterus was closely connected with the new formation. We believed that we had to deal with a rapidly enlarging cystoma, whose contents had become infected, accounting for the high fever, or that we had beside the cystoma a pyosalpinx of recent origin, and that the cyst was either intra-ligamentous, or had become closely adherent to the uterine body.

Operative interference seemed urgent. Accordingly the patient was prepared for operation by a deaconness nurse, according to the careful methods employed at the M. E. Hospital.

Early the following morning under strict aseptic precautions and chloroform anesthesia, the abdomen was opened. Much to our astonishment, we found no distended intestines under the line of incision, to account for the tympanitic percussion note. In the wound was presented a tumor whose color and general appearance was that of the uterine wall. In percussion over the most prominent part of it, there was the same tympanitic sound, and we thought we had a physometra. After introducing into the wall of the presenting tumor two strong silk ligatures, to be used as guy ropes, a trocar was thrust through a quite thick sac wall into a large cavity. On withdrawing the trocar, there rushed through the canula, with a distinctly audible hissing sound, a considerable quantity of fetid gas. The sac had now lost nearly one half its former volume. Then a quantity of very thick purulent fluid, too thick to flow through the canula, appeared. The canula was now withdrawn, and the silk ligatures, (which had been used as guy ropes, and on which traction had been made to keep the cyst wall in intimate contact with the parietal wall, so as to prevent the possible entrance of the sac contents into the peritoneal cavity,) were tied in such a manner as to effectually close the puncture temporarily. The left hand was now introduced into the peritoneal cavity for the purpose of exploration. Passing the hand into Douglass' cul-de-sac, the fundus uteri, ovaries and tubes were found to be forced low down, but could be easily lifted up, and were found to be free posteriorily. The uterus, however, seemed attached by its entire anterior surface to the posterior wall of the sac, or in other words, the sac seemed to have sprung from the anterior uterine wall.

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The bladder could be felt in front, having been drawn up a considerable distance. It was found that this new formation was located between the bladder and uterus. The uterus itself was considerably larger than normal, rather flabby, but could be distinctly mapped out. Upon the posterior aspect of the uterus could be felt a neoplasm, the size of a hen's egg, which was believed to be a fibroid. Nothing could be found that would suggest a uterus bicornis.

Having to deal with a large suppurating cavity, it was determined to exclude the general peritoneum, make an extensive opening into and drain the sac. The general peritoneum was excluded in the usual way, by suturing with a continuous catgut suture, the parietal peritoneum to the peritoneal investment of the tumor. The upper part of the abdominal wound was closed with aseptic silk. The guy ropes were now released and the puncture wound of the sac enlarged sufficiently to permit the introduction of the finger. A large quantity of fetid, thick purulent material, mixed with shreds and sloughing tissue was evacuated. On making a digital exploration, no communication with the uterine cavity could be made out. The internal cyst walls were covered with a mass of ragged, sloughing tissue. The cyst wall was ⅛ inch in thickness, and presented all the characteristics of a uterine wall, particularly as to color, and the sensation imparted to the palpating finger.

After a copious irrigation, and packing with iodoform gauze, a large antiseptic, hygroscopic dressing was applied and the patient placed in bed. Reaction from the operation was prompt.

The gauze packing was removed from the abscess cavity the following day, and a large rubber drainage tube introduced, which permitted a free escape of pus and a large quantity of necrotic tissue. The wound was irrigated and dressed daily. The temperature gradually subsided. The pulse continued rapid for about two weeks, ranging between 120 and 146, then gradually fell to normal.

She was discharged from the hospital, chiefly at the earnest solicitation of her husband, August 20th, with a fistulous opening, which continued to discharge purulent fluid for a number of weeks and then gradually closed.

She menstruated about November 12th, for the first time since her last pregnancy, and again on December 10th.

The question arises, What had we to deal with? What was the cause and origin of this large cavity which was partly filled with gas?

When we observed the exterior of the tumor we thought of a gravid uterus. Its appearance was identical with that of a largely distended womb. Percussion elicited tympanitis over the upper half of the tumor and we thought of physometra. After the escape of the gas and a partial collapse of the sac, we found pus of a quantity filling at least one half of it. On exploring the exterior of the sac, we could plainly distinguish the uterine body as being, at most, only partially involved in the mass. Investigating its interior we could, with certainty, exclude the existence of any direct communication with the uterine cavity. The introduction of a sound into the uterus some weeks later could not be made to pass into the abscess cavity, so we belived we had to deal with a large abscess whose entire

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limiting walls was made up of uterine tissue, which could have been none other than that belonging to the anterior uterine wall; in other words, the origin of the abscess could have been only in the anterior uterine wall, gradually separating the muscular layers as the quantity of pus increased. When we asked ourselves, What was the cause? we find the answer is not so simple. That the origin was the result of an infection is clear, and that the infection, in all probability, came from the uterine cavity can hardly be doubted. But why we should have a depot of infection in the uterine wall, and how it was carried there, must remain a matter of speculation. The most curious thing in the whole process is, why the uterine muscular layers should have been separated and not have undergone liquefaction, as is usually the case in suppurative processes involving muscular structures, is difficult to understand, unless we accept a pre-existing intra-mural cavity or capsule, such as would surround a neoplasm of the uterine wall. We found in our examination, both intra-abdominal and per vaginam, a small fibroid in the posterior uterine wall. And since uterine fibroma are frequently multiple, it is not improbable that one may have existed encapsulated in the anterior wall. Assuming this to be true, now it will not be difficult to see how an infection may have been carried from a placental sinus to such an encapsulated neoplasm. We have seen that after giving birth to two living healthy children, she had three still births. In each case there was malposition, tedious or premature labor, indicating that some mechanical difficulty existed. An existing intra-mural fibroid, subjected to long continued pressure, cannot escape more or less bruising, especially if labor is at full term, which it no doubt was in the last confinement. Such bruising will put the tissues in an excellent condition for microbic infection, becoming a fertile culture medium for micro-organisms.

The tedious convalescence from the last labor can be accounted for only as being due to infection, although no history of fever and local pain could be obtained. If now pyogenic microbes are carried to a bruised encapsulated intra-mural neoplasm, suppuration will develop and distend the cavity to almost unlimited dimensions.

Another most interesting and unusual feature was the large amount of gas contained in the pus sac. Its origin and made of production was no doubt identical with that of gas formation due to microbic action as it occurs in connection with fermentation. Gaseous tumors are occasionally recorded and we not so infrequently find a small amount of gas in abscess cavities, but it is extremely rare to find as large a quantity as in our case.

The Florida State Medical Association at Gainesville elected the following officers for the ensuing year: Dr. C. B. Sweeting, Key West, President; Dr. J. F. McKinstry, Sr., Gainesville; Dr. W. R. Chalkley, Lake City, Vice-Presidents. Dr. J. D. Fernandez, Jacksonville, re-elected Secretary.

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Laceration of the Perineal Body, and How to Prevent It.

By J. B. BOLTON, M. D., Eureka Springs, Ark.

READ BEFORE THE WESTERN ASSOCIATION OF OBSTETRICIANS AND GYNECOLOGISTS, OMAHA, NEBRASKA, DECEMBER 27TH, 1894.

THIS subject is one that I believe you all will agree with me in saying there is no ailment to which women are subjected to that arouses the sympathy and pity of the physician as much as does the woman with a lacerated perineum. In the first place they go on for years in this condition, not knowing what has befallen them. They know they are not right and normal in some particular, but what causes it and why it is so, they know not, and I firmly believe this is one if not the most frequent cause of domestic unhappiness, and the cause of estrangement between husbands and wives. How many of you have had husbands to come to you, and with anxiety expressed in every feature, ask: What is the matter with my wife? I do not have the pleasure and enjoyment I once had; neither does she. And often you find the cause a ruptured perineum, for we know the perineum plays a very important part in the normal act of coition, thus it behooves us, as those who are suffering from the effects of a ruptured perineum, to prevent them occurring as often as it lays in our power, and when they do occur, to repair the injury at the right time and place. We know that a rupture is almost always the result of parturition. Some times direct extreme violence produces it, but we will not dwell on the external causes, neither will I speak of them in their various forms, for we have many forms and degrees of rupture of the perineum, but rather as a whole.

The perineum measures, in its normal condition, from one inch to one and a half. During labor the head forced down by uterine contraction dilates the vagina, bulges the perineum, and stretches it many inches longer than its normal size.

The perineum forms the external side or base of a triangle whose sides and angles inclose the structure known as the perineal body. The perineal body, like a wedge or keystone, forms a rest or support for adjoining structures, and antagonizes the action of the diaphragm and abdominal muscles. During the descent of the fetal head the perineal body, owing to the interlacing of elastic tissue and muscular fibres, forms an elastic and extensible structure, and as labor advances the greater the tension is, until about the time the head appears, then the peritoneum has the appearance of a piece of rubber moulded or stretched over the passing head until it is put to its greatest capacity and sometimes beyond, and then it is we have the dreaded ruptures.

The size and strength of these structures depends upon the muscular development and vigor of the patient. I will not consume the valuable time of this association by detailing the part this organ plays in parturition. So complex in structure, its anatomical relations, its blood vessels, nerves, and inherent power of expansion which normally belongs to it, but we will try and name a few of the most important causes of laceration. Some of the predisposing causes may be peculiarities of structure, a straight sacrum,

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curvatures, smallness of vulva, rigidity of same, injuries produced from previous labors, a narrow pubic arch, unequal dilatation of posterior lip of uterus.

The direct causes are also many; most common may be named too rapid labor, often brought about by the attending physician being anxious to get away, and crowding nature by instrumental interference when not needed, and by those not experienced or skillful in manipulation of the same, by the attending physician not giving the patient the care required during labor.

The degrees of ruptured perineum are generally given as four, which you all know. Now how to make these accidents less, which we know are the cause of much physical suffering and domestic unhappiness. The first thing we should do when called to the lying-in room is to examine the patient and see if labor has really begun, then to go to work to prevent a laceration, and many other conditions which are liable to follow the lying-in state. The first thing is to examine the os uteri to see if the mouth of the uterus and lips are relaxed and dilatation is progressing normally. In certain cases you will find the posterior lip completely relaxed and dilated, while the anterior is rigid and remains so to a great degree, through labor, thereby forcing the head down upon the perineum with unnatural force. To overcome this the best way I have ever found is frequent injections of warm or rather hot water, with the usual quantity of bichloride of mercury added. Use these injections of water every few minutes, and in the space of time between injections dilate the anterior lip with the fingers, until the os uteri is thoroughly dilated; then again you will find every time there is an expulsive action of the uterus the neck of the uterus will dip down in the hollow of the sacrum, and it will seem as though the whole perineal body would be torn out at every pain, simply introduce index and middle fingers, insert them well into the mouth of the uterus, and every time there is a pain you pull hard and hold the mouth up in the position it should be, and the fundus will, by force, gravitate back, and if you will repeat this several times the womb will remain in the normal position, and labor will proceed naturally. Then I always apply hot cloths to the perineum, wrung out of as hot water as can be borne, and have a cloth that will cover the entire genitals, and you will find when the critical time comes, the perineal body will stand a greater strain and is more elastic. But the way I have prevented more ruptures than any other, is this: Just as the head is passing through the outlet I introduced the index and middle fingers into the rectum. If the presentation is vertex and normal I put or place one finger each upon the fetal head near or about the supercilliary ridge and press the head upwards and backwards under the pubic arch, and thereby taking the pressure to a great degree off of the now almost over-taxed perineal body, and often prevent a laceration that would otherwise occur. There is no difficulty in introducing the fingers into the rectum, for at this stage of labor the rectum is flattened out and so relaxed you could almost introduce the whole hand. Patients do not know when this is done, for the pressure is so great that sensation is very near wanting, but they will frequently say after labor is over: "How much relief you did give me when you helped me so just as the

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baby was born." Do you know that I firmly believe that many women have suffered from a lacerated perineum, caused from the pressure of the palm of the hand upon that body, at the time the head passes, as many of us have been taught to do, from our earliest recollections. I have ceased to do so long since. Let us see if we cannot find a reason for so doing. You take the perineum as the head passes and it is stretched to its utmost capacity, as thin as a piece of tissue paper. Now what we want is to lessen this tension, with the expulsive action of the uterus and abdominal muscles above and the hand of a man below pressing on the same tightly stretched structure, probably pressing the hand right on a muscular fibre and tissue that was that instant ready to give, from its terrible pressure above. I say is it any wonder that these lacerations have and do occur frequently, but if you have your fingers in the rectum upon the presenting part of the fetus, press it up under the pubic arch to take the strain off of the perineum. Does it not show that ruptures would be averted. If you have never tried it, do so, and after you have followed it for months, which I believe you will do, you can make the thumb on the same hand that you have the fingers in the rectum of, a test of the tension on the perineal body, for when the fingers are in the rectum, the thumb not unusually comes right up over the perineum, and you can tell how hard to press the head up, by testing the strain upon the muscular lands of the perineum, by gentle pressure with the thumb over the entire surface of the stretched perineum, and the greater the tension you find in the perineum the harder and firmer you press the presenting portion of the fetus up under the pubic arch until you make a safe and satisfactory delivery. Some will ask: Is there not danger of injury to the walls of the rectum by this pressure? No. Is there not danger to the fetus? No. If necessary you can mould the fetal head to the pubic arch and not cause any harm. I have never had any bad results follow, and on the other hand I find very few women thus managed suffer from acute hemorrhoidal troubles, as we often find following labors.

Do not understand me to say and mean we can prevent all laceration, for such is not so, but we can lessen the per cent, for there are circumstances and conditions which will come in all our paths, that a laceration is unavoidable; then the next thing is, if it does occur: What must be done?

I contend that every physician, when called to a case of labor, should not think of going unless he takes with him a perineal needle and a pair of curved scissors, for there is no dispute among those who have been taught by experience, that the time to operate on a lacerated perineum is as soon after the accident as possible, for it is then we get the best results and miss so many complications that are present in a secondary operation.

Every physician has a peculiar way of his in primary and secondary. I use a curved needle and scissors, and it depends on the degree of the rupture as to the kind of suture I use, sometimes silk, silk worm and gut, and the first thing I do after the child is delivered over to the nurse is to examine and ascertain if there is a rupture. If so, as soon as the placenta is delivered I clean the parts and prepare the edges and suture at once, without an anesthetic, for very few patients ever complain of any severe pain in performing the operation if it is done soon enough after the delivery. I have given you my experience and I hope many of you will try it and report at our next annual meeting.

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Sero-Therapy and Accessory Treatments of Tuberculosis.

BY PAUL PAQUIN, M. D.,
ST. LOUIS.

Physician-in-Chief of the St. Louis Sanitarium for Throat and Lung Diseases.

Read before the Tri-State Medical Society, St. Louis, Mo., April 2nd, 1895.

IN January last I had the honor to report to the St. Louis Medical Society, the result of my researches up to that time, on the action of a certain kind of serum in the treatment of tuberculosis.

The clinical history of twenty-five cases treated six weeks or three months was given. Seven cases with cavities in the lungs, among whom two had been bed-ridden and given up as absolutely hopeless, were brought to the Medical Society at night, in a weather rendered severe by the fall of a melting snow, and not one coughed during the two hours of their exhibition in a smoky room. It was then demonstrated that all of the twenty-five patients had been decidedly benefited; the least that had been accomplished, in a few patients, was the arrest of the decline. Only four or five were benefited to this slight degree, while all the others, all in the last part of the second or the third stage of pulmonary consumption, were improved to a marked degree in almost every respect. Chief among the good results was the universal gain in weight, which ranged from one and a half lbs. in two weeks in people who had been losing twice as much per week, to 13 lbs. in two months; this, in spite of the decidedly meagre fare that is naturally granted in the City Hospital and Poor House. Since then, I may add that the improvement in the city cases has continued, notwithstanding the more severe tests and serious interferences, such as the repeated sulphur fumigations for several weeks during the small-pox epidemic (a test too hard even for healthy lungs;) and such as the efforts that were made almost daily to produce a mental feeling against the treatment.

Furthermore, I am glad to report good results obtained since then in three private cases: Mrs. R., Mrs. V., and Mr. P., all in the second stage of the disease, whose symptoms have disappeared to such a degree that one is tempted to call them cured. That report was a statement of facts indisputable, but the facts were not accounted for by me, nor did the profession, generally speaking, view them with absolute confidence. On the contrary, although any physician could have verified the report by visits to, and study of the patients, some usually wise doctors concluded that the facts brought out must be considered impossible any way, whatever the evidence, and must, therefore, be discredited. But the patients still live and are still improving, and again the verification of the reports then made, and today reaffirmed, is invited. Any physician or other individual, whom the Superintendant of the City Hospital may welcome, may go and judge for himself.

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Today I have the honor to present to this scientific body, a theory explaining to a limited degree, the basis of the therapeutic action of the serum, and, furthermore, the grounds for, and the kind of accessory treatment that should be practiced in tuberculosis.

In the first place, we must realize that sero-therapy is not medication in the usual acceptance of the word. It is not the production of pure chemic effects; it is the production of certain phenomena by the increase of quality or virtue of pre-existing physiologic functions, and perhaps, the creation, at times, of physiologic functions unknown before in the diseased organism. In other words, sero-therapy, the use of nuclein, and other organic extracts of the kind, whether animal or vegetable, produce good therapeutic results in certain conditions, probably because they augment or create natural defensive physiologic forces necessary to fight disease.

And what does this anti-pathologic power depend on? It depends on the individual and collective energies and faculties of the cells, which form the ultimate appreciable structure of such complex organisms as man, and other multicellular beings.

We no longer should dope man as a *whole* to cure him, but we should strive to interpret the nature of the cells forming his tissues; their activities their reactions to drugs and physical treatment, and we should minister to these microscopic individuals or aggregations with a view to increase their natural functions in the prevention of disease, or create activities of this character.

Sero-therapy in tuberculosis has produced the effects stated in my report. How did it do it? By what mode of action can the serum of the blood of a horse, rendered by certain methods more strongly immune against tuberculosis than it is naturally, arrest the tuberculous process in an infected human being? It is, in my judgment, on the one hand, by infusion in man's system of a certain quantity of the protective or defensive substances secreted by the cells of the horse during the process of immunization, the property of which is to protect this animal against the disease; on the other hand, it is probably by the action of the nuclein of the serum, which stimulates the cells of a human body to greater physiologic action against the germs of tuberculosis. It is, in a word, a form of germicidal nutrition of double value, obtained by a physiologic process.

Many objections have been raised against sero-therapy by those who prefer polypharmacy (which is so convenient and presupposes no great knowledge of physiology or pathology, or anything else to practice medicine.) This was to be expected.

It is a great trial for the retardary doctor in the scientific procession of medical men, this physiologic therapeusis. It is a very inconvenient thing to find one's self in the presence of the awful necessity of studying man seriously through a microscope, and to know one's self incompetent to do it. But this is the situation. Prate as we may against scientific medicine, microscopy, bacteriology, we must acknowledge that only through such, and the application of scientific facts in practice, can medicine become a science exact enough to make the doctor know and trust medicaments in a given disease. Clinical observations are invaluable as indications, and

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they often suffice to point to useful therapeusis, but careful observations alone explain nothing, and give us little data to rely upon with confidence and safety. But I am digressing. I will say that so far the objections mildly raised by the timid, wildly painted by the fearful, foolishly described by the ignoramus, have not materialized. Neither glanders, nor any other awful disease of the horse, in the three years of experimentation with serum abroad or in this country, has been transmitted to man. True, a death or two have been attributed to the serum in the treatment of diphtheria, but what if it is true? What valuable active medicinal agent has not caused one death per five thousand cases treated, or per ten thousand doses?

For my part, I can say that over three thousand injections of serum produced under my direction, have been made in human beings, and not a serious accident has resulted. In six different injections there resulted a quick disturbance of the capillary circulation, evidenced by a flush of the face, dizziness and weakness. These lasted but a few seconds, but in two instances were followed by rigors. In a few cases in which the injections were begun with large doses, one or two drams, and pushed energetically, there followed a mild urticaria, which promptly disappeared the moment the injections were dropped or reduced, and did not reappear during the progressive dosage which followed in nearly every case.

These annoyances (produced chiefly during experimentation) are insignificant when we consider the hopelessness, the fatality, of tuberculosis under any and all forms of treatment heretofore employed. The risk of one fatal result per cent would be justifiable, if not, indeed, a larger proportion.

But because sero-therapy does produce a physiologic effect that tends to arrest tuberculosis, it does not follow that a physician should depend on that alone in all forms and in any stage of consumption, and expect a cure. For one thing, it is preposterous to expect a decomposed lung to be restored by any form of therapy. It is not easier to reconstruct a pair of degenerated lungs than it would be to replace a gangrenous limb by any same method. Consequently, the disease must always be diagnosticated with scrupulous care, not only to establish the existence of the malady, but all of the various important organs of the body. In women the relation of tuberculosis to ovarian and uterine affections should always be carefully considered. There are, besides, the mixed infections to consider—we meet them daily. The lungs, the intestines, the liver, become the seat of myriads of germs of different kinds sometimes, and tuberculosis is then a complicated disease, deadlier and more rebellious than in the most virulent form uncomplicated.

What then should be the treatment of tuberculosis? Generally speaking, so far as the constitution goes, it should be cellular, and locally it should be antiseptic. Taking as a type pulmonary consumption, it is necessary on the one hand to try and force the cells of the diseased to produce the greatest amount of defensive energy, in whatever form nature may exhibit it. This may be accomplished presumably by sero-therapy, and may be assisted by nuclein, etc. On the other hand, we must invariably insist on the constant use of reliable non-poisonous antiseptics. This may be considered secondary to the main treatment, but in fact it is of the

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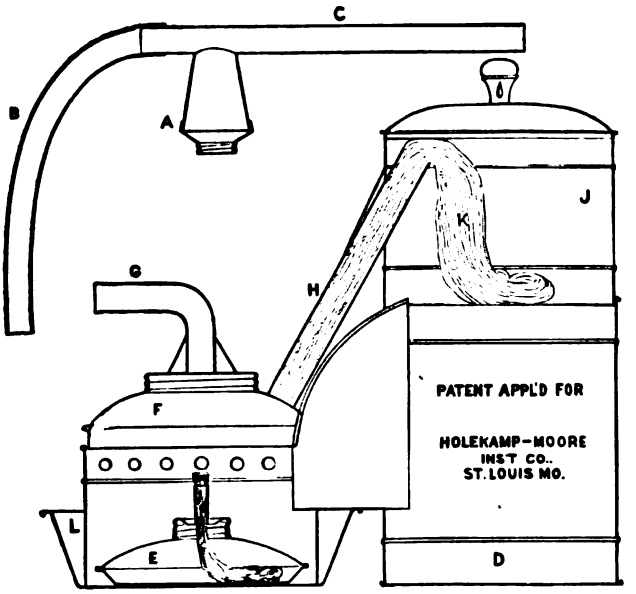
greatest importance. It is directed to the specific and complicating germs themselves, and aims to arrest their development.

The continual reinfection in tuberculosis, both by swallowing sputa and by the cumulative growth of the specific germs and various others, and the progressive alterations of tissue in the diseased parts can be somewhat checked by a proper, direct medication, and thereby cellular, constitutional remedies are given better opportunities to act.

Among the oldest forms of lung medication, is the inhalation of medicated vapors, or atomized drugs. The method is good, but unfortunately it falls far short of the object sought, simply because the inhalations are not constant enough for one thing, and on the other hand, the antiseptics selected are seldom well chosen. Inhalation, to produce useful lasting, germicidal effects, must be almost continual. During a long period of experiments, I have tried the various inhalers on the market, but none filled the want, in my judgment. What we need is an apparatus that will atomize or vaporize eight or twelve or more hours continually, at a slight expense. After numerous experiments and tests, the vaporizer here exhibited was produced.* It is not yet perfect, but needs only slight improvements to-



DESCRIPTION OF THE CONTINUOUS VAPORIZER.

"A" is the reservoir to collect the water which may result from the condensing of the steam as it passes from the vessel "F" out through the metal tube "G" and" C."

"E" alcohol lamp which, with a small flame, converts the water into steam as fast as it is fed by the wick "K."

"G" is the outlet tube for the steam which can be attached on an ordinary piece of tubing, or tube "G" can be lengthened by fitting the tube "C" to "G," and then it can by lengthened by slipping the rubber tubing over this extension as is shown by letter "B."

"J." self-feeding reservoir, being the container for the water which can be used either medicated or not.

"K." wick which feeds the vessel from the reservoir.

"L." basin to catch the surplus fluid and prevent it from running upon the table or floor in case it should overflow by feeding too fast.

By filling the lamp "E" full of alcohol it will convert the fluid into steam as it passes by way of wick "K" from reservoir "J" to "F."

*Manufactured and owned by the firm of Holekamp & Moore, Instrument Makers, St. Louis.

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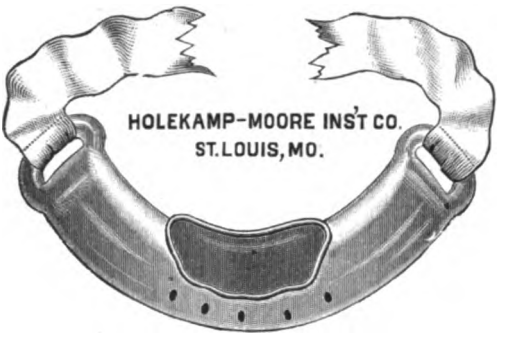
make it what is desired. It will throw a spray all night and all day, at the cost of a few cents for alcohol, and will keep the air of a room filled with antiseptic material. Besides this, a mouth piece attached to the nozzle can be made to direct the vapor straight to the nose and mouth, from the bedside. Another thing useful for disinfection in tuberculosis, is this "lip-trough-inhaler" for essential oils.* It is fitted under the nose, and the



ribbons are tied behind the head. Before putting it on, a little bundle of absorbent cotton, or a little sponge, is placed in the trough and a few minims of the essential oil selected are dropped on the cotton twice or three times in twenty-four hours. This may be worn almost constantly. I devised this little instrument to carry out the good idea of Carrasa, who prescribes essence of peppermint on a little cotton wad placed under the nose.

In conclusion, let me speak of two other very serious necessities in the treatment of consumption. I refer first to nutrition, which may be forced and should always be guarded and wisely directed—of this I need not speak here. I will only say that in cases of mal-nutrition in tuberculosis, some easily digested and very nutritious aliments must sometimes be used. Mellin's food has served a very good purpose in many cases; I prescribe it often, and the various liquid peptenoids have materially assisted me.

Second, I refer to repeated disinfection of the mouth. The mouth and throat should be frequently gargled with a strong non-irritant and antiseptic preparation. This is demanded both for the protection of the patient against the infection of the throat, which is not uncommon as a secondary process, and for the protection of relatives, friends and the public, because through kisses and the saliva expectorated, the germs are carried to others. The writer has tried numerous ingredients for this purpose, but was disappointed more or less, or dissatisfied in one way or another, with everything tried. Citric acid and most of the essential oils are good, but unfortunately they are not easily combined over the prescription counter. In the last few months I have tested and used pasteurine very largely, and found it just what seemed desirable. Its antiseptic effects are strong, and yet there results no irritation. The preparation is exceedingly pleasant to taste and is very fragrant. I use nothing else now.

*Manufactured and owned by Holekamp-Moore Co., Instrument Makers, St. Louis.

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I here append a few formulas which I use for direct antiseptic medication in tuberculosis of the respiratory organs:

℞ Creosote (beech-wood).....4 oz
Pasteurine.....8 oz

Mix. Sig:—A large tablespoonful per pint of water. Vaporize in "The *Continuous Syphon Vaporizer.*"

℞ Carbolic acid.....½ dram
Pasteurine.....8 oz

M. Sig:—Use as a mouth wash and gargle three or four times a day.

℞ Ess. oil of peppermint (chem. pure)..1½ oz
Ess. oil of eucalyptus (Tyndale's)...½ oz
Ess. oil of cinnamon (chem. pure)...½ oz

M. Sig:—Two to five drops on cotton or sponge in "*Lip-Trough-Inhaler,*" three or four times a day.

Society Surgeons St. Joseph & Grand Island R. R.

MEETING AT ST. JOSEPH, MO., JULY 18th, 1895, COMMERCIAL CLUB. SESSION OPENS AT 10 A. M.

OFFICERS.

President, Dr. E. S. Garner, St. Joseph, Mo.
Vice-President, Dr. A. M. Kinnamon, Fairbury, Neb.
Secretary, Dr. Daniel Morton, St. Joseph, Mo.
Treasurer, Dr. Harry Redding, Sabetha, Kan.

PROGRAM.

1. Deductions Reached from the Study of a Fatal Case of Typhoid Fever. M. D. Carter, Tobias, Neb.
2. Character and Care of Morbus Coxarious. A. G. Edwards, Maryville, Kan.
3. The Radical Cure of Inguinal Hernia Without the Knife. S. Murdock, Oneida, Kan.
4. Fractures of Thigh with Special Reference to Treatment. E. S. Garner, St. Joseph, Mo.
5. The Administration of Remedies in Disease. Noah Hayes, Seneca, Kansas.
6. Operation Upon the Mastoid. Barton Pitts, St. Joseph, Mo.
7. Paper.—Title Unannounced. B. F. Farley, York, Neb.
8. Pruritus Ani. Daniel Morton, St. Joseph, Mo.
9. Volunteer Papers and Clinical Reports.

Errata.—In Dr. Van Eman's paper, page 270, June number, occurs a transposition of figures which does the doctor a great injustice. The sixth paragraph from the top of the page should read: "Cases in hospital 16, deaths 6, recovered 10; cases at the home of patient 23, deaths 4, recovered 19."

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THE MEDICAL HERALD

A PRACTICAL MONTHLY JOURNAL OF THE MEDICAL SCIENCES.

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EDITORIAL

THE FIELD OF MORBID ACTION.

The growth and development of a complex living organism is from a primary cell and by cell-action through the process of differentiation, whereby the organism attains its complete development in the establishment of all the organs and tissues necessary to its life and the perpetuation of its species. This growth and development is by cell-action, and the organism, when completed, consists of vital cells and connective tissue. It is evident that there is potential in living contents of the primary cell all that is found in the structure and functions of the completed organism, a fact that shows that the force resident in living matter is a developmental one, not such as those that pertain to purely inorganic matter, The fact also demonstrates that living matter is also developmental, and capable of unfolding in its growth all the phenomena of differentiation, a phenomenon exhibited by no other form or kind of matter. Living matter is, therefore, *sui generis*.

In the completed and most complex of organisms, there is yet great simplicity. The tissues or substance of structure is made up of but few elementary substances, while the organic structures may be comprised under two categories; vital cells and corresponding tissues which serve as a connecting medium forming thereby a complete and perfected whole. These two primary structures appear as distinct organs of the body, constituting communities of cells discharging special and peculiar functions. Some of these organs and functions being concerned in what is called organic life, and others pertaining to animal life, two distinct departments in the structure

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of a living complex organism appear. The integrity as to structure and normality as to function constitute the physiological state of the organism. A departure from these conditions constitutes a pathological state, the degree of which depends on the extent of the departure from the natural or physiological.

But a perfect organism, in structure and function, does not exist. Such a thing is scarcely possible under the varied conditions in which living beings are placed. Dependent as they are on proper physiological conditions, and these conditions being so varied in degree, kind, and force, it is reasonable to suppose that so delicate a structure as is a living organism can scarcely escape being disturbed in the operations of its organs and functions of life by the physical forces of nature. External states and physical causes gradually so influence the operations of the organism and give a trend of action to the living matter of its vital cells, as to establish systemic trends or diatheses, which add their power to the general susceptibility of the organism to external influences, operating as morbific causes. When we add to these causes of disease, vicious and pernicious habits of the individual, which in a greater or less degree, the organism transmits to offspring, it is not difficult to understand why a perfect living organism is not to be found in the most natural and simplest conditions of life.

When we consider the influence and results of heredity in the deterioration of the organism and the transmission of morbid conditions to offspring, we can not be in doubt as to the avenues through which the morbid influence has been conveyed. The evidence of transmitted states are seen in affected tissues and neoplasms; but the power that lies behind these, as the influence of the toxic substance, finally overcomes, and the offending matter is eliminated, leaving, sometimes, the result of its action, in the form of an increased susceptibility of the organism to a second attack, or conferring immunity on the body, thus shielding it from a second invasion. All this is very mysterious, but yet a fact.

Morbific agents, in exerting their influence on the body, enter it in either a liquid or gaseous form; otherwise it can not reach the vital cells of the body. Some have a tendency toward one organ and some toward another; but in all cases they expend their force on vital cells, and then morbid processes begin. When one has fever from suppressed cutaneous excretion, the symptoms arise in the order of the tendency of the toxic substance. The excretion being absorbed, there arises a feeling of malaise, attended by an increased circulation, and after a time a loss of usual taste and a coated tongue. A warm bath may restore the action of the sweat glands, and the body may return to its normal condition. Or, an organic

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disease of the kidneys leads to an imperfect discharge of its function, and the matter that ought to be eliminated by that organ, remains in the body, and an uremic poisoned condition ensues, affecting the brain to stupor and the body to convulsions. These effects are evidences of affected function of vital cells belonging to the nerve and muscular tissues. An autopsy shows that the tissues are not altered in structure, nor are they altered in chemical constitution. Nor can the microscope reveal any change in the appearance of the matter of the vital cells. We are, therefore, shut up to the conclusion that the force resident in the living cells was disturbed by the toxic substance to that degree as to produce the symptoms that pointed to the cells of the nerve and muscle tissues as being the seat of the toxic influence of the toxic substance.

Evidently, all activity going on in a living organism is to be ascribed to the vital force as its source or cause. No morbific agent can excite morbid action in a dead body; only in a living body. If we could extract all the vital cells from a living organism, and leave the tissues unaffected, morbid phenomena could not be produced in the organism by any means or methods. If such an experiment could be performed, the result would demonstrate that the living matter is the field of morbid action. In this field, the contest between life and death from birth to death takes place; and if any part of the organism falls by the way side, it falls because the cells of the part succumb to a morbific agent capable of producing this death.

A living organism can carry through years no little morbid products in the field of animal life, and considerable in that of organic life. But there are parts or organs which cannot endure much disturbance or change of structure without the whole yielding to the local morbid action. Thus life may cease in the whole body when the organism dies at the head, the lungs, or the heart. The function of these organs ceases under the power of disease; and since the functions are but phenomena of vital action going on in an organ, the living matter of the vital cells it is that dies first.

From these facts and deductions, it follows that rational therapeusis is based on the influence of remedial agents on vital processes, operating on the organism in harmony with the physiological laws and forces of the organism.

A CHEMICAL TEST FOR TUBERCULOUS SPUTUM.

Dr. Roering, in *Aerzl Runds*, No. 6, p. 81, 1895, and noted in *The American Medico-Surgical Bulletin*, of July 1st, gives a chemical test for recognizing tuberculous sputum, which seems to be much more conclusive evidence of the disease than the presence of the bacilli, and much more easily conducted than the examination by the microscope. The test is readily made.

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He takes equal parts of the sputum and distilled water; say a fluid ounce or each. In the water a drachm of starch is dissolved by boiling. The mixture is well shaken and subjected to the action of heat over a water bath at 37° C. (98.66 F.) The sputum loses its tenaceous character and becomes of a uniform consistence. At the end of four hours it is again well shaken, and a portion taken, to which a few drops of a diluted solution of iodine are added. No blue color appears. This proves that some substance in the sputum destroys the starch molecule on the application of heat; for tested with iodine before heating, the mixture becomes deeply blue.

On testing the heat mixture with Fehling's solution, the result shows that the starch is partially converted into glucose. Dr. Roering found the amount of glucose to be 0.4 per cent.

The experiment was repeated with a piece of tuberculous lung of a beef. Originally, the lung contained no sugar; but after being warmed with the starch solution for five hours, large quantities of glucose were found, but no starch reaction, thus further proving the destruction of the starch molecule and its conversion into glucose, by some substance in the tuberculous matter.

The experiment was repeated with healthy lung tissue with the result of the destruction of the starch molecule, but *not its conversion into glucose.* This fact shows that some amylolytic substance exists in the diseased lung *tissue* or in the sputum. Like experiments were performed with sputum from non-tuberculous patients, but no change was produced in the starch.

Another reaction is equally interesting and, possibly, as conclusive. When about half a drachm of pure sulphuric acid is placed in a test tube and covered with some tuberculous sputum after having been evaporated over a water-bath until it becomes of the consistence of thick paste, a violet ring is seen to form at the point of contact. On shaking, the whole mass becomes a diffused violet color. A few drops of a solution of sodium carbonate added to the sputum makes the reaction more pronounced. The sputum from non-tuberculous patients gives a *red* color by the same test.

The amylolytic substances seem to be a product or excretion of the tubercle bacilli, for its pure cultures give the same violet color. All the apparatus required is a test tube, an improvised water-bath, and a clinical thermometer.

C. LESTER HALL, M. D.

Dr. C. Lester Hall was elected president of the State Medical Association of Missouri at the meeting held at Hannibal in May.

He is a son of Dr. Mathew W. Hall, a native of Kentucky and of Agnes J. Hall, a native of Virginia. The son was born at Arrow Rock in Saline

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Co., of this State, on the 10th of March, 1845. Being the oldest son, he worked on the farm while his father did a country practice. He was educated in the common schools, and at the Kemper Family School at Boonville.

In 1864 and 1865 Dr. Hall attended his first course of lectures at the St. Louis Medical College, and graduated from the Jefferson Medical College, Philadelphia, in 1867.

After practicing six years in the country, Dr. Hall settled at Marshall, Mo., where he remained until September, 1890, when he moved to Kansas City.

For many years Dr. Hall was a member of the Saline County Medical Society; and has been a member of the American Medical Association since 1882; also a member of the Medical Association of Missouri for over twenty years. He is an active member of the Western Association of Gynecologists and Obstetricians, and of the Tri-State Medical Association, an ex-President of the Kansas City Academy of Medicine, and a member of the Jackson County Medical Society.

In 1889 Dr. Hall was appointed a member of the board of managers of the State Lunatic Asylum at Fulton, Mo., the duties of which position he discharged with signal ability, and resigned on moving to Kansas City. Here he enjoys a large practice. His popularity with the profession of that city was manifested by the fact of his election to the presidency of the Academy of Medicine within two years after his arrival in the city, and by the unanimous support he received for the presidency of the State Medical Association at its recent meeting.

A man of excellent physique and courteous bearing, he will make an acceptable presiding officer for this great representative organization.

ULTIMATE PROGNOSIS OF NEGLECTED ADENOID HYPERTROPHY.

Delevan (*Medical Record*) says: The question is asked, does adenoid hypertrophy, if left to itself, disappear, leaving the vault in a normal healthy condition? Generally speaking, it does not, but remains under some pathological state, which may continue throughout life.

The enlargement may not subside, and a degree of hypertrophy sufficient to cause serious injury and annoyance may continue to exist for many years.

The so-called "Thornwald's disease" appears to be nothing more than neglected adenoid hypertrophy.

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Disappearance of the hypertrophy may be attended with an atrophic condition of the vault of the pharynx, the result of which is a pathological state detrimental to the patient and difficult to cure.

The above conditions may influence not only the locality in which they arise, but may have far reaching and disastrous effect upon other organs. The ultimate prognosis as to the local condition, therefore, in cases of neglected adenoid hypertrophy, is unfavorable. W. W. B.

RESUSCITATION OF AN INFANT BY RHYTHMIC TRACTION ON THE TONGUE.

While this method is in general use for resuscitating the drowned, as suggested first by Laborde, in 1893, literature is silent upon the advantages of rhythmic traction on the tongue in new-born children. Dr. Kennett Cameron, of Montreal (*Montreal Med. Jour.*), reports a case which is well worth reprinting. He says:

"On Friday, February 1st, I was called to see Mrs. L., who was in labor. The membranes had ruptured and a large quantity of amniotic fluid had drained away. Both feet were presenting in the vagina, and after an unsuccessful attempt to replace them and perform cephalic version, extraction was proceeded with. No difficulty was experienced in delivering the body, but there was a good deal of delay in the birth of the head, the cord having ceased to beat some little time before the head was born. The child, after birth, was limp and cyanotic; artificial respiration, slapping, applications of heat and cold alternately, kept up for about ten minutes failed to cause a respiratory movement; an occasional faint flutter, however, could be felt over the cardiac region.

Rhythmic traction on the tongue was then practiced. The child being placed well over on its right side, the tongue was gently seized by a pair of Pean's forceps and forcibly drawn forward, and then forcibly shoved back, as far as possible in both directions. This was kept up at the rate of about 30 or a little more per minute. Hardly half a minute had elapsed, after beginning the traction, before the child gave an inspiration, in about another half minute a second one followed; after that they became gradually more frequent, and soon the child began to cry. The child has since been perfectly well.

This very marked effect, produced so rapidly, and by such a simple manœuvre, impressed upon me the very great value of the method, and that it is the one which should be made use of *first* in all such cases, or in anv form of apparent death.

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The Physician's Library.

A MANUAL OF SURGICAL ASEPSIS; By Carl Beck, M. D. With 65 Illustrations in the Text and 12 Full-page Plates. W. B. Saunders, Walnut St., Philadelphia, Publisher.

This is a splendid little manual that must be read and re-read to be appreciated. It gives in precise readable form those principles in Bacteriological and Operative Technique so necessary in the practice of modern surgery. We do not think the writer's views on drainage are in accord with modern progress. One can readily discern the source of these views. However earnestly the German teachers may defend the practice of leaving gauze in an abdominal wound for a week or more for drainage, American surgeons will, we believe, wisely refrain from such practice and follow a more progressive line of action. The author's suggestions on preparatory prophylaxis are most excellent.

SIR FRANCIS BACON'S CIPHER STORY, Discovered and Deciphered by Orville W. Owen, M. D., Detroit, Mich. Vol. V. Howard Publishing Co., Detroit.

The fifth volume is accompanied by a smaller one containing the Tragedy of the Earl of Essex, by Sir Francis Bacon. A sixth volume is to be issued soon. The interest which these volumes have excited does not abate as they increase in number. William Shakespeare is no longer "in it." We were simpletons for believing that he ever was "in it." The man who closes his eyes and ears to these volumes, and *will* not see or hear, falls to the rear. He is decidedly not "up to date," but in the fog of a marvelous and unaccountable ignorance and depravity of faith. The last two volumes have completely dissipated the strange delusion. The sun has come from behind the clouds, and now all is as clear as the sunlight. Send for these volumes. 50c a piece in paper and $2.00 in cloth. Each contains 200 pages.

TRANSACTIONS OF THE NEW YORK ACADEMY OF SCIENCE. Second Series. Vol. X, for 1895. Printed by the Academy.

This is a volume of 686 pages, printed on good, substantial book paper. The papers which constitute its contents are submitted to the profession on their merits; yet, presumably, with the approval of the judgment of the Academy. Their merits may be presumed from the reputation of their authors, among whom we observe the names of Charles McBurney, Alfred Loomis, St. John Roosa, Beverly Robinson, J. Harvey Dow, Charles Quimby, Robb, Abbe and others. Possibly the volume can be had of the Secretary, Richard Kalish, M. D., New York.

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PATHOLOGY AND TREATMENT OF DISEASES OF THE SKIN. For Practitioners and Students; By Dr. Moriz Kaposi, Professor of Dermatology and Syphilis, and Chief of the Clinic and Division for Skin Diseases in the Vienna University. Translation of the Last German Edition. New York: William Wood & Company. Bound in Extra Muslin at $5.50 per copy, and in Leather at $6.50 per copy.

We may safely say that no man, nor, indeed, any set of men, gives or can give, on any one subject, all that is desirable to be known, even of a practical character. There are numerous works on skin diseases, and yet we may look for more. But this one by Kaposi is destined to stand in the front. It has already reached its fourth edition, and is now the standard text-book in the Austrian and German universities. It has been translated into French and is the standard text-book in French medical schools. It now appears in an English dress, from the Wm. Wood Publishing Company of New York. Hebra evoked order from confusion, and placed Dermatology on a rational and solid basis. Kaposi enjoyed the benefit of his personal instruction; and in this work gives the fruit of that instruction, enlarged by his own personal experience, during the great advance of modern science along this line. The book is complete in an 8vo volume of 684 pages, illustrated by 84 engravings and one plate in colors, and is furnished with an unusually complete index. The book needs but to be announced. Dr. Kaposi's picture appeared on the first cover page of the April number of THE HERALD.

IMMUNITY, PROTECTIVE INOCULATIONS IN INFECTIOUS DISEASES, AND SERO-THERAPY. By George M. Sternberg, M. D., LL. D., Surgeon-General U. S. Army, Ex-President American Public Health Association, Honorary Member of the Epidemiological Society of London, of the Royal Academy of Medicine at Rome, of the Academy of Medicine at Rio Janeiro, of the Société d'Hygiene, etc., etc. One volume, 325 pages, octavo, bound in extra muslin, beveled edges, uniform with the other volumes of our Medical Practitioners' Library, price, $2.50; in Flexible Morocco, $3.25. William Wood & Co., New York.

A most timely work is the above book. The subject of sero-therapy and immunity in disease, promises to do more for medicine than anything since the discovery of antiseptic measures in the treatment of wounds. It is intensely interesting, dealing with natural immunity, acquired immunity and serum-therapy of the various infectious diseases. Just now when so much interest is felt in the subject of serum-therapy, notably in diphtheria, cholera, and other diseases, this work will be of especial interest to the medical profession at large, and coming from the hands of a master, one who has devoted his life to the study of bacteriology and its application to medicine, will command a degree of respect that could not otherwise be

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hoped for. In the present volume the author has endeavored to give a summary of the most important experimental evidence in the field of research to which it relates. Comparatively little space has been given to the discussion of unsolved questions connected with the subject; nor has it been possible to review the entire literature; but the most important results of experiments made by competent bacteriologists have been stated as concisely as possible. D. M.

THE TREATMENT OF WOUNDS, ULCERS AND ABSCESSES; By Watson Cheyne, M. B., Ed. F. R. S., F. R. C. S., Professor of Surgery in King's College, London. Phila.: Lea Brothers & Co.

We can only recommend this book as a good illustration of how far our English cousins are behind the times. The book is an unsafe one for a student and useless for a surgeon, save as a curiosity. Its only redeeming features are a few suggestions for after-treatment, which suggestions are already well known to the average American surgeon. B.

CLINICAL GYNECOLOGY, MEDICAL AND SURGICAL. For Students and Practitioners; By Eminent American Teachers. Edited by John M. Keating, M. D., LL. D., and Henry C. Coe, M. D., M. R. C. S., Professor of Gynecology in New York Polyclinic. Illustrated. J. B. Lippencott Co., Publishers. Pp. 994. 1895.

The Introductory by the late Dr. William Goodell is full of wise and wholesome advice. This is worth the price of the book. It is the coöperative work of instructors in this specialty of medicine. It is intended to place the general practitioner abreast of the present state of knowledge on this subject, and such will not find it disappointing. The style is lucid and plain, presenting the thoughts of the writers in a readily apprehensible form. It aims to *instruct* "in a concise and more or less dogmatic form;" not aiming to support statements by reference to authorities. One takes up the book the second time with renewed interest and pleasure, and lays it down with reluctance. There is no better work for the beginner, and the student will find it the very book that can aid him in this study.

RELATIONS OF DIESASES OF THE EYE TO GENERAL DISEASES; By Max Knies, M. D., Professor Extraordinary at the University of Freiburg, forming a Supplement to every Manual and Text-Book of Practical Medicine and Ophthalmology. Edited by Henry D. Noyes, A. M., M. D., Professor of Ophthalmology and Otology in Bellevue Hospital Medical College, etc. Wm. Wood & Co., Publishers. 1895. Pp. 467.

This is a very opportune and useful work. The trouble with most specialists is that they do not look beyond the field of their specialty for causes for, or connections with, the immediate disease in hand; nor for the sequelæ of such in any other part of the body. Every practitioner will

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recall cases where the local trouble was caused by some systemic disturbances, and cases where trouble in the eye caused marked constitutional disturbance. Now, any book that looks to diseases of the eye that arise from, or are aggravated by, some cause lying beyond the special region, will be found essential to one's success in his specialty. This is the general purpose of the author. The general practitioner being made familiar with ophthalmic diseases arising from causes lying in some other part of the body, will oftentimes be able to cure the eye by constitutional or other local treatment. Throughout the book the alliances between the eye and the rest of the body are so admirably traced that it will be hard to decide upon whom the larger debt of obligation to the painstaking author will rest, whether upon the general physician or upon the ophthalmologist.

THE CARE OF THE BABY; By I. P. Crozer Griffith, M. D., Philadelphia, Penn. W. B. Saunders, Philadelphia, 8 mo, linen covered boards and back, 377 pages. Price, $1.50.

This beautiful book is a manual for mothers and nurses, and contains practical directions for the management of infancy and childhood in health and in disease. The headlines of some chapters will give an idea of the character of the work. They are: Before the Baby Comes, The Baby, The Baby's Growth, The Baby's Toilet, Feeding the Baby, Sleep, Exercise and Training, The Baby's Rooms, etc., etc. The subject matter is well arranged and there are numerous illustrations. At the back of the book is a well prepared directory. The character of the entire work is such that physicians can recommend it to their patients who have children of tender age. D. M.

New Catalogue.—The new catalogue of the Chloride of Silver Dry Cell Battery Co., of Baltimore, Maryland, is now ready for distribution, and we advise our readers to send four cents in stamps to that company and secure a copy of same, for several new styles have been added to their list, and valuable improvements made on most of the others. The high reputation which the Chloride of Silver batteries have gained is due to their many points of excellence, such as absolute cleanliness, durability, constancy, and the fact that they are dry, small and light. They certainly are the ideal portable battery for the medical practitioner. The Company manufacturing them also takes great pride in their appearance, and spare no toouble or expense in making every instrument they send out a finished article, of which any physician may well feel proud to become the possessor. Large shipments of these batteries have been made during the past year to New Zealand, Australia, Batavia and the British East Indies, where their merits will no doubt be as fully appreciated as they have been by the American physicians.

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Pamphlets Received.

The Prevention and Treatment of Ophthalmia Neonatorum and the Necessity for more Legislation to Prevent Blindness from this Cause. Charles H. May, M. D., New York.

Annual Report St. Joseph's Hospital, Chicago.

Kola. Scientific Department Frederick Stearns & Co.

Annual Report, 1894. Clinics of Cooper Medical College. San Francisco, California.

Infection and Immunity, with Especial Reference to the new Diphtheria Antitoxine. Charles Russell Bordeen, Johns Hopkins' University, Baltimore, Md.

Nervous Diseases in Early Syphilis. G. Frank Lydston, M. D., Chicago, Ill.

Eighth Annual Report St. Margaret's Hospital, Kansas City, Kansas.

Kola Acuminata. The Pharmacology of Third Edition, Revised and Enlarged. Parke, Davis & Co., Detroit, Michigan.

The Medico-Legal Aspects of Paranoia, with Report of a Case. John Punton, M. D., Kansas City, Mo.

Maltine With Coca Wine. Reprint of a large number of articles appearing in various medical journals, pointing out the uses of Maltine with Coca Wine. The Maltine Manufacturing Company, New York

The Pre-tubercular and Pre-bacillary Stages of Consumption. Charles Manly, A. M., M D., Denver, Colorado.

Grip, and its Effects on the Nose, Throat and Ear, by Seth Bishop, M. D., Professor Throat, Nose and Ear in Chicago Summer School of Medicine, etc.

Improved Double Retractors, by Seth Bishop, M. D., Professor Throat, Nose and Ear in Chicago Summer School of Medicine, etc.

Camphor-Menthol, by Seth Bishop, M. D., Professor Throat, Nose and Ear in Chicago Summer School of Medicine, etc.

An Aural Masseur, by Chevateer Jackson, M. D., Pittsburg, Pa. From Jour. Am. Med. Ass'n, May 11th, 1895.

Report of Seven Cases of Double Castration for Relief of Enlarged Prostate Gland, by H. O. Walker, M. D., Detroit, Mich. From N. Y. Med. Jour.

Headache Due to Errors of Refraction, by J. T. Hamilton, M. D., Kansas City, Mo. From Kansas City Medical Index.

Supra-pubic Cystotomy for Calculus of the Bladder, by A. H. Meisenbach, M. D., St. Louis, Mo. From Jour. Am. Med Ass'n.

Rational Therapeutics of Cholera Infantum, by Gustavus Bleck, M. D., St. Louis. Reprint from N. Y. Medical Journal, March 2nd, 1895.

Aseptic Prophylaxis of Asiatic Cholora; Arsenization, by Reginald B. Leach, M. D., Paris, Texas.

Two Cases of Pseudo-Hypertrophic Paralysis in Brothers, by Archibald Church, M. D., Chicago, Ill. Reprint from International Clinics, Vol. I, 5th Series.

Some Impressions of Gynecology in Europe, by Hunter Robb, M. D. Reprint from Western Reserve Medical Journal, May, 1895.

Coeliotomy for Puerperal Septicemia and Peritonitis, by Charles P. Noble, M. D., Phila. Reprint from American Gynecological and Obstetrical Journal.

The Diagnosis of Pregnancy During the First Three Months, by Charles P. Noble, M. D., Philadelphia. Reprint from Transactions of the Philadelphia County Medical Society. 1894.

Remarks on the Treatment of Inevitable Abortion, by Charles Noble, M. D., Phila. Reprint from Index Medicus.

The Technique and Indications of Vagino-Fixation (Mackenrodt's operation), by Hiram N. Vineberg, M. D., of the New York Post-Graduate School. Reprint from New York Medical Journal, Oct. 27th, 1894.

Tubal Mole Pregnancy, with Some Remarks on the Differential Diagnosis of Ectopic Gestation, by Hiram N. Vineberg, M. D., of the New York Post-Graduate School. Reprint from New York Medical Journal, March 23rd, 1895.

Notes on Three Interesting Cases, by Hiram N. Vineberg, M. D., of the New York Post-Graduate School Reprint from American Journal of Obstetrics and Diseases of Women and Children. Vol. 31, No. 4, 1895.

Vaginal Coeliotomy with Remarks on the New Field it Opens Up for the Treatment of Backward Displacements of the Uterus with Diseased Annexa, by Vagino-Fixation; by Hiram N. Vineberg, M. D., of the New York Post-Graduate School Reprint from Medical Record, March 2nd, 1895.

Treatment of Some Forms of Purulent and Offensive Urine, by Reginald Harrison, F.R.C.S., London.

Annual Report for 1894, of the Clinics Conducted Under the Auspices of the Cooper Medical College, San Francisco, California.

Annales D'Oculistique is now published in English by the Transatlantic Publishing Company, New York, 63 Fifth Avenue.

Subvolution: A New Pterygium Operation, by Boerne Bettman, M. D., Chicago. Reprint from the Journal American Medical Association, March 24th, 1894.

Ripening of Immature Cataract by Direct Trituration, by Beorne Bettman, Chicago. Reprint from Annals of Ophthalmology and Otology, January, 1895.

The Complete Method of Operation in Cases of Cancer of the Breast, by A. C. Bernays, M. D., St Louis. Reprint from Courier of Medicine, January, 1895.

Cylindroma Endothelioides of the Dura Mater, Causing Localizing Symptoms and Early Muscular Atrophy, by L Bremer, M D., and N. B Carson, M. D., St. Louis, Mo. Reprint from the American Journal of Medical Sciences, February, 1895.

Laminectomy for Paraplegia from Pott's Disease; Tenotomy of Contracted Hamstring Tendons of Both Legs; Amputation at the Hip-Joint; Appendicitis; Stone in the Bladder; Supra-pubic Lithotomy, by F. C. Schaefer, M. D., Chicago. Reprint from International Medical Magazine, July, 1894.

Phthisis: A New Method of Treatment, by the Internal Use of Ozone, by Henry Norris, M. D., New York. Reprint from New York Medical Journal, November 5th, 1894

Atrophic Catarrh, by the Internal Use of Ozone, by Clarence C. Rice, M. D. Reprint from New York Medical Journal, August 19th, 1893.

The Chemical Relation of Ozone and Hydrogen Peroxide, by Charles H. Brown, M. D., New York. Reprine from Medical News, February 14th, 1891.

Ozone and its Uses in Medicine, by Wm. J. Morton, M. D. Reprint from New York Medical Journal, June 23rd and 30th, 1894.

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THE PRESCRIPTION CASE.

We hope that our readers will take special interest in this department of THE HERALD. We solicit practitioners to furnish us for publication, with one or more of their favorite prescriptions. Only such as your personal experience has convinced you to be of practical use should be submitted.

Formulæ plainly written on a postal card is a convenient way for sending. Always give them in this order, please: 1. Name of the disease. 2. The formula and directions. 3. Your name, town and state.

Doctor, let us hear from you in time for the next issue of THE HERALD.

Vomiting of Pregnancy.

℞ Antikamnia (genuine).....℥ j
Cocaine Mur.....gr. j
Mx. ft, Caps. No. x.
Sig—One capsule every three or four hours.

Pruritus.

℞ Sennine.....℥ ij
Acet. aromatic.....f ℥ vj
M. Sig:—Use locally.

Chronic Alcoholism.

℞ Tinct. capsici.....1 ounce
Tinct. zingiberis.....1 "
Tinct. valerinæ ammon.....2 ounces
Celerina.....2 "
M. Sig:—Teaspoonful in teacupful of hot tea three or four times daily.—*St. Louis Clinique.*

Nervous Dyspepsia.

℞ Sodii brom.....℥ j
Pepsin sacch.....
Pulv. carbo veg.....aa ℥ iij
Aquæ .....℥ iv
Sig.—Teaspoonful after each meal.

Pulmonary Tuberculosis.

℞ Ichthyol.....
Aq. distil.....aa ℥ v
Sig.—Four drops thrice daily, gradually increased to forty.

Cuticura Resolvent.

This preparation is said to be:
℞ Aloes, socot.....
Rhubarb powd.....aa ℥ j
Iodide potass.....gr. xxxvj
Whiskey.....Oj
Macerate over night and filter.—*St. Louis Druggist.*

Loeffler's Toluœ Solution, a Local Application in Diphtheria.

℞ Menthol.....℥ iiss
Toluœ to make.....f ℥ x
Alcohol.....f ℥ ii
Sol. Ferric Chl.....f ℥ i
M. The affected parts are first cleansed with a cotton swab held by forceps, and then the application is made by another swab. Repeated not less than four hours.

Antiseptic Powder, Substitute for Iodoform.

℞ Hydrarg. chlor. corros....gr. 1-5 or 1-3
Acidi boric.....℥ j
Acidi tannici.....gr. x
Sacch. lact.....q. s ad ℥ ij
M. Sig:—Antiseptic powder. A fifth of a grain of corrosive sublimate in this mixture gives a powder of the strength of 1 to 5,000, and a third of a grain, 1 to 3,000. In preparing this powder care must be taken by the druggist to mix the sublimate very gradually and thoronghly with the sugar of milk, and then to add gradualiy the other ingredients, so as to be certain to obtain a uniform distribution of the bichloride in the mixture.

Purgative for Children.

Every physician has felt the want of a pleasant purgative for children. Dr. C. H. Smith writes to the *Columbus Medical Journal* that the following formula has been used by him for years:

℞ Glycerini.....℥ j
Ol. cinnamon.....gtt. vj
Trit. bene et adde.....
Ol. ricini.....℥ j
M. Sig:—℥ j. at a dose p. r. n.

Tonsilitis.

℞ Hydrarg. bichlor.....gr. j
Potass. chloras.....
Ammon. mur.....aa gr. 64
Tinct. ferri chlorid.....℥ iv
Syr. aurant.....℥ iv
M. Sig:—A teaspsonful in hot water every three hours, the throat to be gargled just before taking, and immediately thereafter. If debility exists, from two to three grains of quinia sulph. are added to each dose; and it is recommended that the throat be gargled with a strong solution of soda bicarb, every hour or oftener to abort suppuration, which it generally does.—*Blackwood, Med. Summrry.*

Constipation in Infants.

Abdominal massage from three to ten minutes produces as good results as purgatives.—*Karnitzky.*

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SOCIETY GATHERINGS

MISSOURI STATE MEDICAL ASSOCIATION.

Proceedings of Thirty-eighth Annual Session, Hannibal, May 21, 22, 23, 1894.

Officially Reported for THE MEDICAL HERALD.

Mergenthaler Typesetting Machine.

[CONTINUED FROM PAGE 308.]

The second day's session opened by presentation of flowers to each member, by the little girls of the city, for which Dr. McIntyre moved a vote of thanks.

DR. PINCKNEY FRENCH, of St. Louis, discussed the subject: "Practical Points on Abdominal Drainage." As infection arises from contract, drainage is to be avoided whenever possible. If, in operating, the protoplasm suffers no injury by infective material there should be no hinderance to healing; therefore asepsis, not antisepsis, should be the rule of the abdominal surgeon. But sometimes drainage becomes absolutely necessary because: (1) there may be an outpouring of pus too great for the peritoneum to take care of even after most careful sponging, irrigation being out of the question in such cases; (2) infective material of other character may have escaped in large quantity, as in injury to the gut; (3) there may have been too many adhesions so that too copious oozing occurs for the peritoneum to dispose of; (4) tuberculosis of the peritoneum may have been met—a condition always demanding drainage, and (5) an incomplete operation may, of necessity, have to be done. In the latter instance we usually pack with iodoform gauze which can hardly be regarded as drainage. It is well established that large quantities of blood serum, with even a very few bacilli, will give rise to peritonitis, so drainage must be established whenever large oozing is anticipated. The objections against drainage are (1) it irritates the peritoneum; (2) it causes incontrollable vomiting; (3) it interferes with free movement of the intestines; (4) it predisposes to intestinal obstruction; (5) it favors the formation of faecal fistulae; (6) it predisposes to ventral hernia; (7) it maintains the danger of infection. All of these are more or less valid, but all the dangers may be greatly lessened by extreme care in regard to the most minute details of asepsis, frequent emptying of the tube and early removel.

DR. J. H. M'INTYRE, of St. Louis, expressed himself as firmly in favor of drainage in all cases.

DR. H. C. CROWELL, of Kansas City, declared himself neither wedded to nor opposed to drainage—each case must be decided upon its own merits. Every abdominal surgeon will drain less and less as his experience increases. Not even all pus cases should be drained—none irrigated; simple, careful sponging out of the pelvis suffices.

DR. C. E. RUTH, of Keokuk, Iowa, believed alumnium drainage tubes better than glass. Tubercular peritonitis is the only condition that invariably demands the drain. He agreed with Dr. Crowell as to irrigation and drainage in pus cases.

DR. PAQUIN, of St. Louis, reported progress in his "Physiologic Therapy of Tuberculosis." There were, he affirmed, 120.000 deaths from tuberculosis in the United States in the year 1890, in spite of all remedies; by his blood serum derived from the horse, an animal naturally immune from tuberculosis, he hopes to reduce the mortality in the near future. All cases subjected to this method in the second stage of the disease have recovered or are recovering. In the third stage there has been only mild benefit. No accidents have occurred in over 7,000 injections, so if properly used it is not dangerous like tuberculin. But physicians should be

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sure to use pure serum—not what can possibly be deteriorated. Other remedies should be used in conjunction with it.

DR. I. N. LOVE, of St. Louis, added his testimony as to its efficacy in cases under his own observation.

DR. E. W. SCHAUFFLER, of Kansas City, felt encouraged from the reports—it certainly is based upon correct principles. An important question is: How far can the general practitioner now be safely allowed to go in putting this treatment into practice? Is it safe to try it outside of hospitals? Another is: What is the immunizing agent—simply the pure horse-serum or the product of the inoculation which is practiced?

DR. J. M. BALL, of St. Louis, asked: (1) What effect has the serum produced in tuberculosis of the larynx? (2) What is the effect on the number of bacilli in the sputum? (3) What is the result in bone tuberculosis?

DR. PAQUIN answered that he is not yet beyond the point of pure experimentation and so the serum is not ready for general distribution. The immunizing agent is the serum itself, reinforced by the inoculation. On two cases of laryngeal tuberculosis it has caused much improvement, but not so marked as in pulmonary. It diminishes the sputum and decreases the number of bacilli. It has seemed to have a beneficial effect in all cases of osteal tuberculosis thus far experimented with, especially before mixed infection.

DR. J. N. BASKETT, of Hannibal, gave "Some Observations upon Nuclein Therapy"—a report of cases. The first one was one of chronic alcoholism of many years' duration, with chronic rheumatism. An acute rheumatism came on with a temperature of 104, and the patient seemed about to die of heart failure after salicylates and iodides failed to cure. When comatose and beyond the power to swallow, nuclein in doses of one-third of a minim every three hours restored him and he ultimately recovered. The second patient was a neurasthenic woman, confined to her bed for many months. She was given nuclein with arseniate of strychnine (Aulde) and finally was restored to health. The third was a woman of 35 who suffered from "nervous prostration" for fifteen years, insomnia being the chief symptom. Under nuclein she improved greatly but was not cured. The fourth was a case of chronic catarrhal bronchitis folowing "La Grippe"—weak and prostrated, with severe cough. There was no improvement under nuclein. The fifth was a woman who had la grippe followed by chronic bronchitis, general malaise and great weakness, who did not improve on opium and expectorants. She got well under nuclein, although there is still a dullness over the apex of one lung. The sixth was a child of 6 years who in convalescing from scarlet fever "took cold;" a temperature of 102, swelling of wrists and glands, some albuminuria appeared. She was given one-sixth of a minim every four hours with digitalis. The symptoms quickly disappeared and the urine resumed a Sp. G. of 1016. The seventh case was one of suppurative tonsillitis with profound weakness that appeared about to die. The woman recovered under nuclein. The eighth case was a boy of 8, similarly affected; with a like result.

DR. C. H. HUGHES, of St. Louis, complimented the essayist on the impartality of the report and predicted great things for the future of nuclein. It has a wonderful stimulating effect, and supplements the vis medicatrix natural which a lone might not be sufficient to carry the patient past the crisis.

DR. PAUL PAQUIN remarked that the problem is how best to assist the cells to do their duty. Nuclein is certainly a physiologic remedy of great possibilities in this direction. Case 5 in the doctor's report, was probably one of phthisis, following la grippe, a sequel of very frequent occurrence. A question of importance, considering the small dose used, is: Whose preparation was employed?

DR. BASKETT replied: Aulde's—Dr. John Aulde of Philadelphia makes the best.

DR. EMORY LANPHEAR, of St. Louis, spoke upon the subject of "Surgical Sins."

First Sin: Operating Upon Hopeless Cases.—There are some so-called surgeons who will undertake almost any

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kind of an operation regardless of the prospects of failure—nay, even of life or death; and sometimes without consideration of their ability or nonability to do the work. The incentives are (a) to get a good fee; (b) to secure the "name" of operating; (c) to prevent a truly conservative physician from obtaining and keeping control of the case.

The objections to this line of practice are.: (1) It is essentially wrong. The doctor who will operate upon a case merely to secure a good fee, knowing perfectly well that death will follow, or that there is absolutely no possibility of prolonging life or securing immunity from pain, is no better than a common thief. (2) It brings discredit upon surgery. (3) It prevents other patients from submitting to operations. This is not alone true of cancer in the breast, appendicitis, hip-joint disease, malignant affections of the uterus, etc.

Second Sin: Delaying operation until too late.—This appliess to cases which the attending physician knows full well tend to a fatal termination, yet hesitates to tell the patient of the character of the disease or of the necessity for operation until too late for cure. Just why doctors who are well informed will do this is hard to explain; but it is a frequent practice. It especially applies to (1) uterine fibromata, (2) cancer of the uterus, (3) cancer of the breast, (4) amputations for septic wounds, osteomyelitis, tuberculosis, etc., (5) appendicitis and (6) opening purulent accumulations as (a) empyema, (b) psoas abscess, (c) cold abscesses of the neck, etc.

Third Sin: Failing to operate in depressed fracture of the skull. Until recently the teaching of the schools has been to leave all fractures of the skull severely alone unless some symptoms demand operation. This pernicious doctrine is still generally followed in the country. Inasmuch as 50 per cent of the injuries to the frontal region, untrephined, terminate in insanity or epilepsy, and other regions are not much better, the rule should be to operate in every case of depressed fracture of the skull regardless of the amount of depression and irrespective of pressure symptoms.

Fourth Sin: Pretending to be Clean in Surgical Work. Everyone recognizes the necessity for asepis—few carry out their belief. The points of failure are: (1) Dirty finger nails—Lawson Tait's assertion that the high mortality rate of the German surgeons depends on dirty finger nails being applicable to many American operators as well. Too many surgeons simply scrub their hands a few minutes and dip them in sublimate solution instead of disinfecting by (a) immersion in alcohol for two minutes or (b) washing successively in saturated solution of potassium permanganate, strong solution of oxalic acid, sublimate solution and boiled water. (2) Carelessness in touching clothing, table, pulse, pitcher, etc., during operation and not washing hands again before continuing. (3) Carelessness in keeping and handling gauze; (a) keeping it in improper containers, as rolled up in paper,(b) cutting from it with nonsterilized scissors, particularly in dressings, (c) allowing assistants to cut it etc. (4) Improper instruments; (a) those without metal handles, so that boiling cannot be adopted, (b) old-fashioned joints, (c) improperly cleaning them after operation in septic cases.

Fifth Sin: Undercharging in order to secure an operation. This is a sin too often practiced by men high in the profession.

Sixth Sin: Stealing patients from other surgeons. This is a cause of more hard feeling than any other, as it is often done in such a genteel, "ethical" way that there is no recourse left to the injured party except to growl—which he generally does to perfection.

Seventh Sin: Belittling operations, Patients are too often deceived as to the gravity of operations. They deserve full explanation of the dangers, pro and con.

Eighth Sin: Keeping patients too long under chloroform.

DR. A. L FULTON, of Kansas City, protested against the assertion that depressed fractures are not always trephined nowadays. Every medical

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student is taught that this is the only proper treatment.

DR. T. F. PREWITT, of St. Louis, also objected to this statement. Formerly there was more danger in opening up such wounds than in leaving them alone—hence the old teaching. But under antiseptic methods the danger has passed in operating—so all cases are operated upon everywhere.

DR. I. N. LOVE, of St. Louis, regretted that the essayist had not included rules as to when, why and how to operate.

DR. W. H. MAYFIELD, of St. Louis, confirmed the statement that depressed fractures are not generally subjected to operation. In the past three years he has had twenty-five or thirty operations for fractured skull, all received within the last few years. Personally he would not operate unless some other physician were present to agree as to the necessity and share the reponsibility; in the city he would call a neurologist.

DR. C. H. HUGHES, of St. Louis, remarked that this is the first time he ever heard a surgeon acknowledge that a neurologist knows anything. But Dr. Mayfield is right—trephining is too serious a matter for one man to bear the entire responsibility.

DR. LANPHEAR said, in reply to Drs. Prewitt and Fulton, that the teaching may be all right at the present time, but from the number of cases of depressed fracture recently seen, having the accident within five years, the students who receive such instructions either fail to remember it or have not the courage to carry out their convictions. Certain it is that operation is not common enough for fractures of the skull.

DR. F. J. LUTZ, of St. Louis, read a paper on "The Pathology and Treatment of Empyema." Many cases are not recognized, therefore the symptoms may be well recapitulated thus: The history of an acute pleuritis, followed by those of the chronic form, viz: irregular chills, intermittent fever, night sweats, dyspnoea, palpitation, embarrassed circulation and more or less prostration; inspection shows a bulging of one side of the chest, an undue fullness of the intercostal spaces; palpation gives a feeble vocal fremitus over the site of the effusion; percussion reveals a flatness generally over nearly the whole of one side of the chest, sometimes with a tympanic note above the location of the fluid; auscultation gives absence of the vesicular murmur and diminution of the vocal resonance; exploratory aspiration gives a fluid containing febrinous flocculi, epithelial cells and pus microorganisms—sometimes mixed with blood. The condition is now practically a huge abscess and must be treated as such. But the treatment must be modified in accordance with the pathological condition present—hence we must remember that there are two kinds of empyema—one an acute pleuritis with effusion, rapidly changing into pyothorax by a direct infection, the other a subacute or chronic pleurisy with an effusion which only gradually becomes purulent, perhaps after many weeks. In the former the pleura is not greatly changed in its structure, the lung is not bound down by strong adhesions and so can expand when the pus is withdrawn, and thus no deformity result. In the second, the membrane is irregularly thickened, especially upon the parietes, with firm adhesions here and there, the fluid being found in the meshes—manifestly a condition in which the lung can never expand and cure never take place unless the chest-wall be allowed to collapse so as to bring the two parietal surfaces together. In the first class of these cases all that is needed is simple drainage and irrigation with some mild anti-septic solution—no resection of ribs or other extensive operation will be necessary. But in the second variety, in the adult an operation, like Estlaender's must be made to allow the chest walls to approach the contracted lung. Very often simple removal of the bony walls does not suffice for this; the plura is sometimes fully a half inch thick, and correspondingly stiff and unresisting, so it is necessary to excise large portions of the entire chest wall, including the pleura. The time to operate is at the earliest possible moment after pus is found. Aspiration is mentioned only to be condemned except in childhood.

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DR. T. F. PREWITT thought anyone ought to make the diagnosis, as phthisis and pneumonia are the only two diseases closely simulating it. Serious effusion, of course, may be mistaken for pus before aspiration, but this is of little moment since even serious accumulations should always be let out. How much more so pus! In empyema it is best to excise one rib for drainage purposes even in the simpler cases, simple incision being rarely sufficient. To make a counter opening posteriorly is also good practice. In the more chronic cases one should try to break down the adhesions with the finger, to prevent pockets of pus escaping evacuation.

DR. J. B. JONES, of Kansas City, believed there are too many deformities from improper treatment—especially from aspirating, as is frequently done especially by country practitioners who seem afraid to cut.

DR. WALLACE, of St. Joseph, advised simple pleurotomy in every case of pleurisy which persists more than two or three weeks; especially in childhood, under strictest antisepsis; previous aspiration (a day or two before operations) of a pint or more of fluid simplifies operation.

DR. FULTON advocated aspiration in all cases in children; and frequently adults will get well, in acute cases, after one aspiration.

DR. C. F. WAINRIGHT, of Kansas City, objected to repeated aspirations of serious effusions as such treatment usually changes the fluid into pus. The rules for aspiration in his clinic are: (1) Aspirate after four weeks even if the effusion is small; (2) Remove the fluid if it rise much above the nipple; (3) Aspirate whenever dyspnoea is a marked symptom; (4) Aspirate to determine the existence of pus in suspicious cases; if found, establish free drainage at once.

DR. J. P. THATCHER, of Pisgah, protested against anything besides insertion of a drainage tube with irrigation in the acute cases.

DR. H. C. DALTON, of St. Louis, called attention to the fact that a failure to obtain pus does not always mean that pyothorax does not exist; the needle may have pushed a thickened plura before it and give only blood, it may have gone through into the lung with the same result or it may have missed a "pocket" of pus. So we must decide greatly by the general smptoms. In operating it is well to tie the intercostal artery before cutting the rib.

DR. W. A. M'CANDLESS argued that one need never fer haemorrhage as a free opening is t be made and the vessel can be readily caught. One must determine what to do by the immediate result of operation; if the lung expand there is no need of further operation, if not, sections of six or seven ribs must be removed to permit collapse.

DR. PINCKNEY FRENCH spoke in favor of removal of a piece of rib in all cases as it is no more serious or difficult than simple incision and is much more effective. Gauze pressure will control all bleeding, even to the excessive haemorrhage which sometimes follows attempts at breaking up adhesions. There is no danger of infection in aspiration if one is careful in antiseptic precautions.

DR. DALTON said the remark about hemorrhage from breaking up of adhesions is no figment of the imagination. In one case there was a whole chestful of blood poured out.

A resolution asking the legislature to maintain the present school age instead of reducing it to five years as petitioned by kindergarten and other teachers, was unanimously adopted.

DR. A. J. STEELE, of St. Louis, read a paper: "The Osteopathic Fad." The question is now often asked: What is osteopathy? It may be said to be a "school of medicine" of which one Still, of Kirksville, is the disciple, which has developed to such an extent as to have a "college" from which numerous "graduates" are being sent out; which has had a trial for a law of recognition, which bill passed both houses of the recent legislature and would have gone upon the statute books had it not been wisely vetoed by Gov. Stone. All thanks to him for having saved the state from disgrace! The "graduates" of this "school" do not need any special training in anatomy, physiology, or therapeutics, as the whole system is summed up in one proposition: All diseases are due to the displacement of bones and consequent pressure on nerves and other tissues. The summary of treatment is simplicity itself:

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Reduction cures. There are two kinds of disease: (1) One from displaced bones of the extremities, causing deformities, pain, etc.; (2) The other dislocation of some of the vertebrae, giving rise to trunkal diseases. But the same treatment cures all. The stock of knowledge, therefore, consists in the knack of manipulation, with perhaps an element of hypnotism —certainly a large amount of suggestion. In this, very like Christian science, certainly many cures are effected, the classes benefited being four: (1) Old adhesions following sprains, rheumatism, etc., which can be broken up. (2) Cases where there is really no pain or tenderness in a joint but the patient has lost its use on account of fear. (3) Hysterical cases. (4) Old dislocations, real. The regular profession has been direlict in not recognizing and curing such cases.

DR. LUDWIG BREMER, of St. Louis, said the best results were obtained in some of the neuroses, neurasthenia especially, where too much medicine had been given by the attending physician. The "bonesetters" stopped the pernicious medication, put the patients on a rational diet, affected the mind favorably and secured improvement, and often cure in hysterical patients particularly. One case was that of a St. Louis lady who had "suffered many things of many doctors;" she had been ineffectually treated by neurologists, gynaecologists, ophthalmologists, masseurs, etc., and had spent thousands of dollars in various parts of the world, seeking health. She finally landed at Kirksville where the originator of "osteopathy" discovered that she had a dislocated spine, reduced it and she got well; that is she thinks she is well. She really is better. She has marked Bright's disease. Now what the doctor really did was to stop the harmful medicine she was taking and so allowed the kidney lesion to get better; not well. Another patient, hysterical, was told she had a corn on her right foot, the diagnosis being made by feeling the "corn center" on her head. She was so impressed by the accuracy of this scientific diagnosis that the subsequent manipulation cured her. It is pure suggestion. It is pure humbuggery, but it is beneficial.

DR. C. H. HUGHES, of St. Louis, thought the rest and the quietude of the country town has much to do with the cures; suggestion does the rest. It is the duty of the medical profession to see that the "school" does not get recognition.

DR. L. BREMER read a paper on "The Meaning and Import of Casts in the Urine Without Albumin." He declared the usual chemical test as not reliable for the diagnosis of kidney lesions. Albuminuria is an unscientific expression. The presence of albumen in the urine does not necessarily mean the existence of disease, and conversely grave kidney lesion may be present and albuminuria be absent at least so far as its detection by the usual test is concerned. A full meal in certain perfectly healthy individual will sometimes give transient albuminuria, as will also pregnancy and excessive fatigue. Search should therefore, be made for casts rather than albumin, and in case albumin is not found by ordinary methods the centrifuge should be employed. Many cases diagnosticated "malaria" or "La Grippe" are really Bright's disease, latent nephritis. And Bright's is a frequent sequel of true la grippe.

DR. J. B. JONES, of Kansas City, said it seems as if every physician of today should be familiar with interstitial nephritis and the proper means for its detection; but many are not—they do not often enough recognize the vulnerable kidney. Thus an oculist recently operated for cataract and was astonished to find no improvement of vision. The patient had retinitis albuminurica and if the oculist had condescended to ask the family doctor about the general health of the patient he would have learned that an operation could do no good. Every case of diabetes insipidus should be carefully examined for concealed albuminuria. We should also more frequently examine for urea, also.

DR. FRANK R. FRY, of St. Louis, said the centrifugal machine mentioned by Dr. Bremer should not have less than 1,500 revolutions per minute to be available for any urine not heavily loaded with casts. It is very valuable in the diagnosis of insanity and investigations as to the causes thereof.

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DR. JABEZ N. JACKSON, of Kansas City, reported a nephrectomy for tumor of the kidney. There were no symptoms of tumor except increased area of dullness, yet upon abdominal section a tumor was found measuring 10 by 4 by 5 inches and containing four calculi weighing 3,000 grains. A detailed account, with photograph, will appear in an early number

DR. A. H. CORDIER, of Kansas City, commented upon the remarkable absence of symptoms. Lumbar nephrectomy would have been better had a diagnosis been possible otherwise than by exploratory incision.

DR. C. E. RUTH, of Keokuk, Iowa, related the history of a similar case, which he saw in 1884. There were no symptoms until a fatal hemorrhage occurred. It was tuberculosis of the kidney. Another case seen lately was a woman with carcinomatous cachexia, whose only symptom was a little pain in the region of the right kidney. The autopsy showed an immense tumor of the kidney, containing more than three pints of pus, an occluded ureter (hence the absence of urinary signs) and a stone that weighed 1,000 grains. Had she consented to exploratory laparotomy at the proper time she might have been saved like Dr. Jackson's case.

DR. W. H. MAYFIELD, of St. Louis, observed that the misleading feature of gross kidney disease is nearly always the absence of symptoms. A man recently under his care had an abscess of the kidney two years ago, without any marked symptoms; it finally discharged some two quarts of pus in the lumbar region. A sinus formed which discharged for months. He never had any pain except when the sinus clogged and the pus accumulated in large quantity. Upon operation the kidney was found perfectly riddled—twelve perforations and a number of large stones. The organ was removed, the wound packed and complete recovery obtained.

DR. W. A. McCANDLESS, of St. Louis, suggested that the reason Dr. Jackson's case presented no urinary symptoms was because there is complete obliteration of the ureter and total absence of renal tissue in the specimen. It is a true cystic degeneration, the stones being a mere accident; and probably has existed for years. A combination of the horizontal and vertical incisions might have allowed removal of the mass from behind, but upon the whole abdominal nephrectomy was probably the best.

DR. A. H. MEISENBACH, of St. Louis, thought the question of diagnosis the most important one, especially of the right side, as here we have to differentiate from (1) diseases of the caecum, (2) neoplasms, (3) appendicitis, (4) tumors of the kidney, (5) liver troubles, (6) distension of the gall-bladder—hence it is hard to differentiate unless the symptoms are clear cut, which is rare. So exploratory laparotomy must frequently be made—in spite of the opposition to this proceedure developed yesterday in the discussion. Renal calculi can only rarely be detected by urinalysis. As the extraperitoneal operation is always best for nephrectomy it would have been a good plan after the diagnosis was established to have sewed up the abdominal incision and sealed it and then have attacked the tumor from behind. Then the wound could have been simply packed with gauze for drainage, instead of having to depend upon a glass tube running upward between the intestines.

DR. C. LESTER HALL, of Kansas City, favored abdominal operation in a tumor of such size.

DR. H. C. CROWELL, of Kansas City, remarked that the history of the case was distinctly that of a recurrent appendicitis with huge retroperitoneal abscess; and that was what he rather expected to see at the operation. The facility with which this mass was removed through the abdomen and the ideal recovery speak strongly in favor of this route for removal of the kidney in many cases. The great danger of nephrectomy is hemorrhage—here there was absolutely no blood lost, and the intestines were readily protected from contamination by iodoform gauze.

DR. JACKSON thought a diagnosis might have been made had the trouble been located on the left instead of the right side It could not have been removed through the space between

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the ribs and the top of the ilium, so that the anterior route was compulsory. Haemorrhage was completely controlled—a most important point, as proven by the fact that three deaths have recently occurred in Kansas City alone from bleeding during attempted lumbar nephrectomy.

DR. S. G. GANT, of Kansas City, made a few remarks relative to "Left Inguinal Colotomy," advocating this operation in every case of advanced cancer of the rectum, in many cases of stricture and rarely in intractable ulceration. The disadvantages have been greatly over-estimated—in fact, patients with a properly constructed artificial anus in this region can now be rendered quite comfortable and life greatly prolonged by timely operation.

DR. EMORY LANPHEAR, of St. Louis, agreed as to the necessity of this operation and corroborated the statement that patients get along very nicely with the artificial ani, as demonstrated by a number of cases in his practice.

DR. A. H. CORDIER read a paper on "The After Care of a Laparotomized Patient." The remarks were, he said to apply to a patient upon a quick and clean operation having been done; rapidity and cleanliness being the two requisites for success in abdominal and pelvic surgery. The points of after-care to be observed are:

(1) Cover the patient well before removal from the operating table.

(2) Have hot bottles ready in the bed to which the patient is to be transferred. These must be carefully wrapped in a blanket so as not to come in contact with the patient's skin. A burn from a bottle filled with boiling water seems at first very superficial, but it finally proves to be very deep.

(3) Shock should should not be pronounced unless (a) much hemorrhage or (b) chronic surgery; i. e. too long exposure of the viscera. When present it may be combatted by hypodermic injections of nitrate of strychnine, one-tenth grain, repeated in one hour and followed by one-twentieth grain every four hours, continued for several days if necessary.

(4) Haemorrhage. In spite of all care this is sometimes profuse. It is best overcome by intravenous injection of from one to two pints of normal salt solution. It is the best remedy for weak heart. Most operators transfer too little of the fluid.

(5) Pain is often quite severe but no morphine is permissible under any circumstances; and patients should be instructed before the operation not to beg for it. If the pain gets so bad as to interfere with the welfare of the patient a half grain of phosphate of codeine every three hours does not do much harm and may be employed.

(6) Quietude is often hard to maintain but must be absolutely enforced if pelvic drainage has been used.

(7) Thirst is often excessive, especially after hemorrhage, but no liquid should ever be allowed by stomach for at least 24 hours, and even 48 if there be much nausea. It is hard to refuse water, but it is essential as its use favors peritonitis and sepsis. If nausea disappears promptly a little hot water may be allowed at the end of 24 hours.

(8) Vomiting is sometimes excessive, but is not worse after ether than chloroform. The less done for it the better. If it continues more than 24 hours it means either sepsis or peritonitis, so one-fourth grain doses of calomel should be given every hour; this will check the vomiting, prevent tympanites and peritonitis by establishing intraintestinal drainage. An enema should also be given consisting of

Glycerine	℥ij
Epsom Salt	℥ij
Turpentine	℥ij
Water	Oiv

This should be repeated every two hours until the bowels move freely. The vomiting will then cease.

(9) Insomnia can best be overcome by 15 grains of sulfonal, the second night or afternoon. A dram of bromidia also acts well.

(10) Food can be begun on the third day—buttermilk or soup; no sweet milk. Solid food can be permitted on the fifth or sixth day.

(11) Sutures should be removed on the tenth day in usual cases; but they may be allowed to remain as late as the fourth week in a very long incisions; silk-worm gut, of course.

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DR. J. H. M'INTYRE, of St. Louis, commended the strychnine and salts, but denied that chloroform causes as much nausea and vomiting as ether. Bichloride of methylene is still better, and far safer than either of the other anaesthetics. With a Junker's inhaler the effect can be indefinitely prolonged—in one case. a 95lb. fibroid, 2 hrs. and 20 min. having been consumed. Patients should not sit up until the 21st day.

DR. WALTER B. DORSETT, of St. Louis, regarded careful preparation as of more importance than the after-treatment, for if thoroughly purged and otherwise ready most of the bad symptoms will be effectually prevented. Patients need not lie upon the back after the first day unless drainage is used; and a change of position is very comforting. Strychnine may well be given for a day or two prior to operation if there be weak heart.

DR. H. C. CROWELL coincided with this opinion. He favored ox-bile for enemata, on account of its antiseptic proprieties. He never gives chloroform unless ether is strongly contraindicated; if patient be well prepared, vomiting is not bad after ether. Patients should never have morphine, and no water for 24 hours. If no drainage is used there need be no objection to patient turning in bed, or even getting over a vessel for bowel-movement after the second day if all goes well. Epsom or Rochelle salt will be found far better than morphine for relief of pain.

DR. CORDIER objected to such free movement of the patient—there is too much danger of internal bleeding in some cases. Of course it is out of the question when drainage is used.

DR. A. L. FULTON, of Kansas City, read a paper on "The Treatment of Compound Fractures." The indications are: (1) Reduction of protuding fragments; (2) Extraction of splinters; (3) Removal of foreign substances; (4) Proper closure of the wound; (5) Application of proper dressing to the wound; (6) Prevention of irritation and pain; (7) Keeping out bacteria; (8) Maintenance of a correct position. When ready for work chloroform should be given, and then the wound cleaned by scrubbing with soap and water, turpentine and bichloride solution in the order named. After elevation for two minutes Esmarch bandage is then applied, or better a piece of rubber tubing. The wound is then examined, enlarging the opening with a knife (if necessary) so as to admit two or three fingers; this is most important. Small fragments are always to be removed and all ruptured muscles cleaned out by the scissors, then torn tendons are joined by cat gut sutures. After further irrigation and drying the wound is packed with dry iodoform, fully a dram between the fragments and around them. The wound is then closed with catgut sutures and catgut drainage. Much gauze is then applied and the limb enveloped in an extraordinary amount of cotton. Over this the plaster-of-Paris bandage is used, four or five splints being inserted in it to give additional fixity if necessary. This plan, if carefully carried out, reduces a compound to a simple fracture—if done soon after the accident. The dressing is left on for four to six weeks unless fever other than pure surgical fever arises; this should entirely subside in 48 hours; if it continue longer something is going wrong (suppuration usually) and the wound must be opened up. But if all fragments, clots and other foreign materials be removed sufficiently well there will be no trouble. In eight bad cases thus treated there was a perfect result in every one.

DR. G. R. HIGHSMITH, of Carrollton, favored closing the wound with collodion, and not doing so much cleaning as advocated by Dr. Fulton.

DR. A. N. MEISENBACH, of St. ouis, thought the author goes too far in advising this treatment in all cases. If a patient be brought into a hospital properly dressed by some other doctor, or if seen in consultation, the surgeon should trust the first doctor to have done the proper thing and not remove the dressings unless symptoms are present so demanding—there is too much danger of secondary infection. In most cases it is best, in operating, to fix the fragments by wire or chromicized catgut. Turning the ends of the bone out of the wound for inspection, as is sometimes done, is dangerous surgery as we may increase the trouble, rupture periosteum that would

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have assisted in repair and so interfere with the circulation as to get necrosis. If the splinters have good periosteal attachment they need not be removed. If the wound is already inflamed there is nothing to do except to pack the wound loosely with gauze and apply the fixation dressing. It is best in such cases not to leave immobilization too long, in the neighborhood of joints, as ankylosis will be apt to follow. The necessity of early passive motion is apparent.

DR. W. A. M'CANDLESS, of St. Louis, claimed this treatment is applicable in exceptional cases only for as a rule there is so much injury to the soft parts that free drainage must be provided for—more than the catgut allows. Splints are, as a general thing, preferable to the plaster-of-Paris dressing.

DR. J. F. BINNIE, of Kansas City, commended the paper as a whole. We have been in the habit of doing too little, not too much, in these cases. We have left pockets filled with blood and sometimes dirt—a source of infection and bound to get out. If we get to work early and do it thoroughly good results are possible in most cases; but in a very short period the bacteria assumes great activity and rapidly becomes inaccessible. All have fragments and splinters liable to die must be removed and all seriously bruised soft tissues trimmed away with sharp scissors. But the principal thing is to stop the oozing by the application of very hot water, as otherwise the blood will form a culture fluid for the germs

DR. C. E. RUTH called attention to the point that it is not always possible to determine the viability of an injured part. It is often deceptive, seeming all right, but finally dying from defective circulation; and even though gangrene may not occur decalcification may result and no union be obtained.

DR. EDWIN BORCK, of St. Louis, joined Dr. Fulton in examining all cases unless dressed by some one known to be absolutely clean and careful in his methods. There is no such thing as "pure surgical fever"—it is all septic; but disappears spontaneously inside of 46 hours if the case is to progress favorably. Bichloride is much better than iodoform for these cases.

DR. FULTON said it is a matter of responsibility greatly—hence the rule to invariably examine and properly treat all cases regarless of who may have made the primary dressing. Collodion is very objectionable as it causes retention of all wound secretion, the very thing to be most carefully guarded against. The advantages of iodoform over sublimate are that it acts as a dryer. it remains for many hours while sublimate soon is absorbed, it prevents multiplication of germs that may have entered the wound and counteracts the ptomaines resulting from their growth—in other words it prevents decomposition.

DR. BRUMMELL JONES, of Kansas City, read a paper on "Brain Tolerance of Uraemic Poison"

DR. I. N. LOVE, of St. Louis, read a paper on "Therapeutics—Old and New."

DR. FRANCIS REDER, of Hannibal, exhibited a "Dilatable Rubber Bulb for Operations on the Bladder." It was the same instrument he designed for intestinal anastomosis, abandoned in favor of the Murphy button, now fixed upon the end of a flexible rubber tube, for use in bladder surgery, especially for suprapubic cystotomy. The instrument is introduced through the urethra by aid of a staff which is then withdrawn and the bulb dilated by 18 or 20 contractions of a Davidson's syringe. This expands the rubber bulb to a dilatation diameter of 5 inches. The soft rubber adopts itself to all the irregularities of the bladder wall and by its uniform, elastic pressure prevents any possibility of rupture—a not infrequent and disastrous accident of water dilation. When the bladder has been opened above the pubis the air is allowed to escape from the bulb which lies limply in the bottom of the bladder. When the intravesical work is completed the bulb is again inflated to distend the viscus once more and thus assist in suturing, etc.

DR. J. N. JACKSON, of Kansas City, commented on the ingenuity of the apparatus, but was not sure as to its practicability. At first glance it seems better than water for distension as it is more uniform and less severe and because it overcomes the flaccid

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wall for sewing, thus giving coaptation more readily. It is not of any advantage when the object of operation is to establish permanent drainage.

DR. A. H. MEISENBACH, of St. Louis, regarded such devices as wholly unnecessary when Trendelenberg's position is employed. Besides there is too much danger of rupture of the bladder from even this amount of distention, uniform as it may be, in some cases of unusually fragile bladder wall. The catheter is enough of a guide. The transverse incision of Hahn is one that gives much more space for work and is to be advised in old patients especially. In a case recently operated upon by himself the patient was a man 70 years of age; he removed a stone which weighed two ounces and two drams. There was no bruising of the tissues by making this transverse cut and no subsequent trouble of any kind.

DR. A. H. MEISENBACH presented two specimens showing "Traumatic Separation of the Lower Epiphysis of the Femur." One was an acute trauma—the end of the bone being wrenched from the shaft by being caught in a rapidly revolving wheel of a wagon, the patient being a boy nearly grown. The fracture was easily replaced and maintained in position, but the boy developed "secondary shock" and died, without any other discoverable lesion. The second case was one of spontaneous separation from tuberculous disease. A typical resection was made Oct. 13, 1894. The patient (a girl 13 years of age) did well and was discharged in three weeks, healing by primary union having been secured. Three weeks ago three sinuses began discharging, so she ceased walking on the leg and returned for treatment, the attending physician thinking there was a return of the tuberculosis. But investigation showed the trouble to be nothing but the silver wire causing an irritation. Removal of the three wires was followed by immediate cessation of the discharge and rapid healing of the sinuses. She is now entirely well.

DR. A. L. FULTON, of Kansas City, claimed that no suppuration would have occurred if catgut instead of wire had been used to hold the bones in place and that it would have been just as effective.

DR. FRANCIS REDER believed that a steel nail would have been better—removed at the end of the second week.

DR. EMORY LANPHEAR suggested that in many instances it would be better not to drill the bones at all, as the drill hole for the wire or catgut might become another locus minoris resistentiae if the bone be not absolutely healthy. So in doubtful cases it might be best to trust to plaster of paris alone to hold the ends together.

DR. MEISENBACH replied that the whole matter must be decided by the state of the patient and the local condition. Silver wire, in an aseptic wound, in healthy tissues, ought never to cause suppuration or other trouble, but sometimes—as in this case—there is no encysting, and this is particularly apt to be the case in resections for tuberculous disease. Exactly the best means of handling these cases have not yet been determined.

DR. C. C. MORRIS, of St. Louis, read a paper entitled: "When is Removal of the Uterine Appendages Justifiable?" He said there are two classes of doctors—one takes one extreme in answer to this question and another the other extreme; one says all ovaries should be removed for pain—the other that they should never be excised except for pus tubes. His experience has demonstrated that some cases would have been better off if not operated on. He related the history of two cases to illustrate the difference in results. The first case was a woman of 38, the mother of five children, pale, anaemic, an invalid for 14 years—since the birth of her last child. She suffered much pain and was subject to menorrhagia of extreme degree, so much as to nearly die of acute anaemia at times. The most careful examination failed to show an uterine disease or marked tubal or ovarian trouble. Abdominal section was made and the tubes and ovaries removed to check the menstrual flow alone; the ovaries were only slightly cystic. She made a slow recovery, but improved gradually af-

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ter the second week and for some months has been in perfect health, having gained 40 pounds in weight. The second case was an unmarried lady of 32 who first menstruated at 14, suffering from dysmenorrhoea for 3 to 5 days at each period. Ten years ago she became neurasthenic and was subjected to all kinds of treatment, but received no benefit from either gynaecologist or neurologist. As the nervous symptoms were prominent only at the menstrual period, and there was much pain and tenderness in the ovarian organ, Battey's operation was performed.. The ovaries were abnormally small and cirrhotic. She made a speedy and satisfactory recovery from the operation, but now after more than six months she is more nervous than before the operation and has more pain in the ovarian region than ever before. He thought the chief and all-important point in such cases is to make a correct diagnosis and operate only when the presence of some gross lesion promises good results from removal. In some cases heretofore deemed possible to cure only by operation non-operative treatment has proven perfectly satisfactory. Notably was this true of a case of hydrosalpinx recently under his care. Catheterization of the Fallopian tube removed the dropsical effusion and cured the patient—evidently a much better treatment than the mutilating operation of extirpation. Another conservative measure to be applauded is visection of a diseased ovary, leaving the healthy portion of the organ so as to permit continuance of ovulation and menstruation, thus not totally unsexing the woman.

DR. J. H. McINTYRE, of St. Louis, was requested to read his paper at this time so that a joint discussion could be carried on. It was entitled: "Some Propositions in Abdominal Surgery," as follows:

1. Operations in the abdominal cavity should be very speedy and absolutely clean.

2. A short abdominal incision should be made and no bruising of internal organs practiced.

3. As little anaesthetic should be used as possible. Much of the so-called "shock" is water-logging with chloroform.

4. Every physician who attempts to do abdominal work should have had long instruction by one of the masters and have had practical experience under their guidance with some experimental work.

5. In abdominal and pelvic work the unexpected is always to be expected—hence every emergency is to be provided for.

6. No man should operate unless he is capable of making a true diagnosis.

7. Exploratory laparotomy is never justifiable in the work of amateurs.

8. Exploratory operation is sometimes excusable with the expert who knows exactly what the trouble is but cannot otherwise determine as to possibility of a cure.

9. So-called conservatism is not advisable in fatal cases. Operation should be made at the earliest possible moment.

10. The earlier operation can be done for abdominal and pelvic disease the better for the patient.

11. Antiseptics can never be used in the abdominal cavity excepting dioxide of hydrogen in pus cases.

12. "Chronic Surgery"—(i. e. slow, tegious operations) is often followed by bad results.

13. Drainage is advisable in most cases if properly done.

14. No antiseptic pad should be applied over the belly for 24 hours before operation, as is frequently practiced.

15. Silkworm gut sutures are to be preferred for the abdominal wound.

16. The general surgeon cannot expect to get as good results as the man who limits his practice to operative gynaecology.

17. Secondary operations are bad; therefore the operator should seek to complete his work at the first operation.

18. No stitch-hole abscess can form if the operator is sufficiently clean in his work.

19. There are too many men trying to do abdominal surgery. Many lives are being sacrificed to amateurs.

20. There has been too much faulty teaching as to the simplicity of operations upon the abdomen and pelvis and

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too great faith put upon the prospects of success.

21. There are too many surgeons ambitious to have their maiden trial in abdominal work. Many lives will yet be lost before such men realize the necessity of referring such cases to the skilled operator.

22. We cannot always do an ideal operation—notably in appendicitis. We must often do only what is good for the patient, not what is ideal surgery; hence the abdominal surgeon must have good judgment.

DR. A. H. MEISENBACH protested against proposition 16, as statistics will now show that the general surgeon who thoroughly understands his business gets just as good results as the "adominal surgeon." The mistake most frequently made is the attempt of inexperienced operators to do such work, especially outside of the hospital.

DR. I. N. LOVE, of St. Louis, also objected to this statement of Dr. McIntyre. He especially deprecated operation by general practitioners except in emergency cases. All abdominal and pelvic operations should be referred to the specialist instead of being subjected to the additional danger of operation by an inexperienced hand. There are certainly too many ambitious to do a laparotomy.

DR. EMORY LANPHEAR, of St. Louis, declared Dr. Morris's position correct so far as Battey's operation is concerned. No surgeon of any experience would now remove healthy ovaries and tubes for the relief of pain alone, or as treatment for one of the neuroses. Of course pus tubes, or other marked tubal or ovarian disease, demand removal from the neurotic as well as other patients; and operation will assist in curing. He most emphatically condemned catheterization of the Fallopian tubes for hydrosalpinx for two reasons: (1) the danger of pushing the instrument through a fragile tubal wall and producing fatal peritonitis and (2) because the hydrosalpinx generally depends upon such local disease of the tube that simply evacuation will not cure—removal of the diseased ovary and tube being the only true method of treatment. He favored exploratory laparotomy in cases of doubt as to the diagnosis, full preparation being made to meet every possible condition which may be found and remove it upon the spot. Of course anyone will condemn opening the abdomen just to see what the condition is and then closing it up without any attempt at remedying a curable disease. Strictly speaking this is the true exploratory laparotomy; but from the general standpoint almost every abdominal section is in a measure exploratory, for there are few abdominal surgeons who can be absolutely positive of the real condition of affairs until the fingers are inserted in the abdominal incision. So far as the general practitioner is concerned, every physician ought to be thoroughly prepared by proper study and instruction and experiment to be able to operate intelligently in every emergency case—volvulus, strangulated hernia, acute appendicitis, etc., though there is no question but what it would be better to send chronic cases like complicated ovarian tumors, large uterine fibromata, diseased gallbladder and the like to an experienced surgeon who has good hospital facilities, as such patients would certainly have better chances than in the hands of men who have done only a few sections, especially if there be many complications. There is another important aspect of this question: in emergency work if a death results after an operation by a general practitioner there is little or no criticism; but if a case which might just as well have been sent to an experienced surgeon is operated on at home and dies from some unexpected complication it is very apt to nearly if not quite ruin the practice of the operator; and as it is the unexpected that is always being met the average doctor cannot afford to assume the risk to himself, leaving the question of the life of the patient entirely out of the question. Dr. McIntyre might well have added another proposition: Too many cases that ought to be operated upon are going about in more or less danger because the family physician hesitates to advise operation.

(To be continued in our next issue.)

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WESTERN ASSOCIATION OF OBSTETRICIANS AND GYNECOLOGISTS.

Annual Session at Omaha, Neb., December 22, 1894.

[CONTINUED FROM PAGE 309]

Paper read by DR. I. C. BARNES, Topeka, Kas. Subject, "Treatment of Abortions, with Report of Cases." (See page 323.)

Discussed by DR. CHASE: I want to congratulate the author of the paper on the success in which her patients are reported, but I do not believe in the use of corrosive sublimate. If you are bound to use an antiseptic, the best of anything I ever used is creoline, which is soft to the hands. I do not see what good the corrosive sublimate will do in that temperature.

DR. JONAS: I would recommend the use of hydrogen peroxide as an antiseptic in irrigation in these cases. I have used it and have been well satisfied with it.

DR. MITCHELL: In regard to the use of the uterine douches of bichloride I do not use it in these cases; I think it is not as efficient as some other remedies, and if at all, would not use it as strong as the author of the paper. If I understood correctly, she used 1 to 3,000 in the last case.

Now in regard to the tampon in this threatened abortion, I have my doubts whether it would be the best treatment unless abortion is inevitable, then the tampon would certainly be the proper treatment. I generally use opium, one-half grain as often as may be necessary, to allay pain; it also acts to a certain extent in restraining the hemorrhage.

This question of criminal abortion, of course it is an old one, but after all, gentlemen and ladies, it is certainly one of the most important questions with which the profession today has to contend, and I almost dread saying anything about this question, for it has been talked about a good deal. And gentlemen, today I know of men standing well in the profession that is as far as outward reports are concerned, who are practicing this criminal procedure every day, or quite frequently, and their acquirements largely come from that source. Now as I said, the responsibility rests somewhere. I can say that it rests nowhere more heavily than it does upon the profession. Now what can we do? Can we do anything? It is a difficult question to know what should be done. If there could be some plan of detective bureau to bring to justice those who are guilty of this crime. Some systematic plan ought to be adopted. It is practiced every day before us. Every day almost, patients come to us making application to have this operation performed. They say, "I know where I can get it done." In our town of Topeka I know men who are at least making their living very largely in that way. It is sometimes difficult to prove this, but as I say, some plan of detection ought to be done.

DR. SCHRADER: Quite a number of points in the paper are well worthy of discussion. It brings up points in regard to the causes already alluded to by Dr. Mitchell, especially the one alluded to by the writer and not fully dwelt upon as it might have been. The results of these abortions. To take these matters up, I will say that I have given some considerable attention to this matter of abortion, and will say, I do not believe very much of this comes from doctors in good standing. It comes from the class who are trying to make their living outside of legitimate practice of medicine, and I think very few of those would be recognized as physicians in good standing and guilty of this procedure. I agree with Dr. Mitchell that some plan be made to detect these operations.

In regard to the douches alluded to, I am not much in favor of the bichloride of mercury. Boric acid is a very harmless and very good infection. Peroxide of hydrogen is also very good but not very safe if injecting bichloride into the uterus. I think I have known some cases where deaths come

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from the use of douches used once or twice a day. Consequently I do not use it very much in those cases. One point that has not been alluded to that is worthy of discussion by this society and that is in regard to douches after a normal labor. Some physicians are in the habit of recommending that once or twice a day the patient should have a thorough douch. Now normal labor in all its stages, after we have given one good thorough douch, half an hour or an hour after the labor is completed and have made our examination to ascertain whether there are any lacerations that need our attention, is all that is necessary.

I wish to thank the doctor for the care she has taken in reporting these cases.

DR. BARNES, Creston, Ia: I quite agree with Dr. Schrader in regard to his speaking of the use of bichloride of mercury; it does harden the hands and it is impossible for you to detect what you want to find out. I have used a preparation called Iatrol. I use it where there is a raise of temperature following abnormal labor.

What are you going to do with these professional abortionists? They are everywhere.

DR. WARD: I want to say that I am also opposed to the use of the douche. I do not think that it ought to be used very strong. I have used creoline a great deal and like it ever so well. I think that clear water is the thing that we can use. You cannot make a mistake and can use as much as you please. In regard to the use of hydrogen I would not care to put it into the cavity I think. It might work all right, but it must have lots of room, and I am afraid it might do harm.

DR. ADAMS: I am very much pleased with the paper of Dr. Barnes and shall endeavor to convince myself that her treatment is correct. Now abortions must be clased under three different heads: The spontaneous, the criminal and the justifiable. The doctor has taken four points. I would add one more, the hemorrhage. I have met cases where it was a doubt in my mind as to whether I was justifiable in producing an abortion. A case came to me where the woman, if the truth was told, was so that life was in danger. Now judging that she was in a pregnant condition, what should I do? Would it be safe in the first two months? It was a question of course under those circumstances. Now the question of prevention depends if the woman wishes to go to term and you wish to prevent abortion. I do not think the doctor touched upon one case which touches father and mother, and that is that disease which is the great and almost all in all case of spontaneous abortion, depending upon the father and the mother and the ovum. Now in regard to the treatment as I said the other day, I will reiterate that the individual that takes a curet and because the patient gets along well, has no justifiable reason to say that the curet did the work. It is simply a question, and they do not know what they cut and what they did not cut, and I defy any one to disprove that question, because you simply say you curetted. Now the question comes up as to what month is safe, and what months unsafe. I hold that on the second month it is safe if I wish to perform an abortion. Between the third and fourth month you have all the difficulties where the curet must come into play. Therefore your curet comes in between the third and fourth months. If you curet, you curet nothing but the membrane. You have an instrument that you use that has slots on the side, and if you never think about whether the uterus is dragged down, you will find as a rule in an abortion before the fourth month the cervix is tipped back a little. With this slot instrument you simply pare this off. I will show you some instruments which can be used safely if you care to look at them.

DR. HALL: I wish to say something in regard to the use of the bichloride of mercury. I do not believe that there is any essential danger in it; it is the way we use it. I do not believe that it is the use of it, but the improper use of it that gives the trouble. I use it and never have trouble. I dry the uterus out and be sure that I do not leave any pockets within the uterine cavity. After that I go over it with carbolic acid.

DR. SCHOOLER: I think our friend Adams roars too strongly against the use of the curet. The curet may be an instrument of incision. In the use of the curet, it depends on

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how it is used as to whether it does an injury, and should be used systematically, and unless you do, you might as well let it alone. But if you begin at one point and use it with discretion, I cannot see the great danger that the doctor points out. It is not the intention of any gentleman who favors the curet, that it be used in every case, but there must be some cause for its use in certain cases. If it is used intelligently, there certainly can be no harm come from it. Take an abortion, when everything is cleared out freely, you do not use the curet; but where the fragments are remaining, something must be done in order to check this hemorrhage and clear away these fragments. Now in my estimation there is nothing that is better than the curet for this purpose, and no instrument that can be used with as little danger as the curet. Every one cannot determine whether he is cureting the uterus or whether he is cureting fragments, and with the finger of the left hand these pieces can be brought down so you can tell what you are approaching. Now in regard to the douches, one would very naturally conclude that it was the constant practice of all to use some form of irrigation in cases of abortion. Now what is the object of irrigation and when should it be used? I know that some hold that it should be used in all these cases, and should be kept up for several days. When we resort to the chemical solutions, such as bichloride of mercury and other antiseptics, we interfere with the process of nature, which in a healthy condition is calculated to take care of the state of affairs that usually arise. Now the rule was formerly with abdominal surgery, that irrigation was practiced for the purpose of removing hemorrhage. I do not believe it is necessary to use irrigation in cases of abortion any more than I believe it is necessary to change the dressing of the womb. To insist upon irrigation from day to day one or more times, is in my estimation bad, but where there are any constitutional symptoms, then I think irrigation is a necessity. Then I would resort to the least harmful solutions which are ordinarily used. If they fail, I would probably use corrosive sublimate, in some cases, though not in all, where the uterus is soft, but I would always follow with sterilized water, three or four times.

DR. BARNES closes the discussion: I think I have no reason to regret having used the corrosive sublimate in these cases. So far with the treatment I have used it has been more or less successful, and I always give it myself. I do not intend to recommend the tampon except in cases where hemorrhage seems to call for it. There of course are a great variety of antiseptics used. I do not believe it is necessary to use the douche in every case. I want to thank you for your liberal discussion, for I had expected none at all after the discussion of the paper last night.

Paper read by DR. JONAS, of Omaha. Subject, "Large Intra-mural Abscess Following Labor; Treated by Abdominal Section; Recovery."

(See page 332.)

Discussed by DR. WILLIAMS. I wish to say that this is too good a paper not to be discussed. The explanation seems reasonable. Following along his line, his reasoning is good, and it follows the idea that I presented in my paper that the abnormal conditions, the breaking down of the tissues, as in some cases of apoplexy, which being infected would become a starting point for just such a collection. It is another evidence of how little we know till we find the truth, and how blind we are till we see.

DR. WARD: That case was so nearly like mine, that I almost feel that it was a case that I had. I had no means of knowing, as the doctor has said, the exact formation, except that there was so much muscular tissue surrounding the tumor. Of course in this case the pus was in large quantities. I may have been mistaken that it was formed by the mucous membrane, but in making this opening as I did, I found there was also quite a wall, perhaps half an inch thick. The condition that led me astray was that of the uterus, and yet upon examination it seemed like a pregnant uterus.

The doctor is certainly to be complimented on the result of the case. Now in the case I report, there was

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just a little opening and some little mucus discharge. In this case however, the pus was very offensive, and it was simply impossible to stay in the room. I never had such a trial to keep my stomach down as I did in that case.

DR. SOHRADER: Three years ago last July I had a case at Iowa City. This was following an abortion. The abdomen was as large as would be at full term. She had had inflammation something like four weeks before that, but as soon as she recovered she came to Iowa City and reported for treatment for eighteen days, when I made an abdominal incision and came down to the wall of the tumor and found it adhering throughout its entire length as far as the incision extended, and I carried that up to the umbilicus. Upon examination I found the uterus occupying nearly its former position, but a little upward, and I think a little forward, as in this case. I could introduce the sound about five inches into the uterus. Tried to separate the tumor from the walls of the abdomen, but found it imposible. Then I opened the cyst and found that it was filled with decomposed blood and such; had a very offensive smell. The contents was so thick that it could not be discharged. I opened it and dipped it out with a scoop, so that it was cleansed. In this case I did not have to stitch the cyst wall. I cleansed the cavity, closed it up and first put in some gauze and followed that with drainage, washed it out once a day for about six weeks, it finally closed. That patient's temperature never exceeded 101 after the operation. it came down to normal and continued so. She gradually diminished in size, settled down in the abdomen, and she remained until it closed up, which required six or seven weeks. The patient went home apparently well. But six or eight weeks after, she came to me again and I made an examination. I found only the remains of the former tumor that I could discover attached to the uterus, a mass that was not larger than a hen's egg and hardly as large. It gradually contracted, and disappeared. Had no inflammation afterwards. I am sorry that I have not the notes here to give you a full account of this in connection with the tumor, as required of Dr. Jonas; in some respects it was quite similar, and to me a very important case, and this coming up makes it doubly so.

DR. JONAS closes the discussion. In comparing my case with that of Dr. Ward's I had the advantage in my case over his. In my case there were absolutely no adhesions. In fact there was an entire absence of anything which was the condition which Dr. Summers has explained to us. Here we have a muscular wall covering this whole mass which is a half inch thick, and as we opened the abdomen the pus was very offensive. I had an opportunity of examining the patient before she left the hospital, but not since. I understand she is doing her household work and apparently in good health.

(To be continued.

DIARRHEAS—TREATMENT WITH ZINC AND CODEINE COMPOUND.

The teachings of our earlier days are deeply rooted and it is difficult to overthrow them. Most of us have been taught to prescribe medicines in doses that, when uncombined, are at least visible. When we are advised, therefore, to prescribe arsenite of copper for cholera infantum in doses of one five-hundredth or one-thousandth of a grain, we are likely to become incredulous as to its efficacy and make no trial of it whatever.

After considerable experience with this remedy, I must say that I have cured, with it, some very severe cases of cholera infantum as well as of diarrhea in adults. Yet I do not prescribe arsenite of copper with the same confidence that I do sulphocarbolate of zinc. The reason is that the dose seems so minute.

This prejudice would, probably, not exist if the remedy were an alkaloid, because this class of remedials is very powerful and, usually, very small doses are given. Here is a salt, however, which is given with great benefit in doses that are smaller than those of the most active alkaloids.

In prescribing, but one medicine at a time should be used whenever it is possible. Combinations are some-

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times necessary, yet their administration is confusing, especially when three or more kinds of granules are to be taken at different times during the day. Mistakes are so easily made and directions are so quickly forgotten, that it is our duty to make our instructions as plain as possible.

If remedies will admit of some variation regarding the dose, it is best to use the same number to indicate the number of granules and the time interval, e. g.. two granules every two hours, three granules every three hours. This is less confusing than two granules every three hours or three granules every two hours.

In the treatment of colic of the gastro-intestinal canal and of diarrhea, the writer has used, ever since he began the dosimetric method, a combination of sulphocarbolate of zinc, codeine and hyoscyamine. Three kinds of granules were found, however, to be inconvenient for dispensing and a combination of these remedies into a tablet was thought of. When this tablet was ordered of Dr. Abbott (the Abbott Alkaloidal Co.), he wisely suggested the addition of sulphate of strychnine and the use of sulphate of codeine, instead of simple codeine.

The "zinc and codeine compound," as I have always called it, is composed of

Zinc sulphocarbolate.....gr. 1
Codeine sulphate .....gr. 1-4
Hyoscyamine amorph ..... gr. 1-250
Strychnine sulphate ..... gr. 1-134

The indications for the use of this tablet are diarrhea, occurring during phthisis, typhoid fever or influenza; or diarrhea resulting from any cause. It can be recommended in colic and in all painful affections of the gastro-intestinal canal, even dysentery. When pain follows immediately after meals, or a few hours after, it is particularly valuable. I have never found a combination that gave me so much satisfaction in the treatment of the above mentioned disorders.

In severe colic or diarrhea. adults may take one, or even two tablets, every hour or every two hours, until some improvement is manifested. Then one tablet should be taken when the pain returns, or after each stool.

In the treatment of children, solutions are generally used and it is better to make, for each one, such combinations as the circumstances of the case demand. The pain, the number and the character of the evacuations vary, thus indicating the use of codeine, zinc or perhaps emetine in different amounts, according to the prominence of the different symptoms. Still, if deemed desirable, the following method may be adopted when prescribing these tablets for children. One tablet for each year of the patient's age should be dissolved in twenty-four teaspoonfuls of water to which some saccharine has been added. Of this mixture, from half to one teaspoonful should be given every hour, in severe cases, and every two or three hours, in milder ones. The dose should always be diminished when improvement is marked. The value of this combination will be apparent when we consider the synergistic qualities of the medicines which compose it.

Codeine, as a means of relieving all painful affections of the gastro-intestinal canal, is undoubtedly better than any other opiate. It also checks hypro-secretions and excessive peristaltic movement. Hyoscyamine has the well earned reputation of controlling all spasmodic contractions of the involuntary muscles, and is therefore extensively and successfully prescribed in all forms of colic. It also checks secretions. Sulphocarbonate of zinc ranks among the first as an antiseptic. It not only prevents decomposition but, by means of its astringency, it also checks secretion. Strychnine, through its action on the cerebro-spinal nerves, improves the therapeutic value of nearly all medicines. Most diseases are accompanied by diminished nerve action with loss of muscular tonicity. Nerve action is still further depressed by the secondary effect of narcotics but, when strychnine is combined with them, this depression is to a great extent prevented.

From considerable experience with this combination, I am fully convinced of its great usefulness and of the advantage of prescribing one tablet, instead of four different granules.—Jno. M. Shaller, M. D., in Alkaloidal Clinic.

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NEWS AND MISCELLANY

A Comparison.—"A man is known by the company he keeps;" and a medical journal is known by the men who write for it.

Bad Year for Pilgrims.—Cholera is officially declared epidemic at Mecca, and in the villages along the Red Sea frequented by pilgrims. The prilgrimage is fortunately not as large this year as it was in 1891.

The New Name.—An undertaker will no longer be known as an "undertaker and embalmer." In the future he will be known as the "mortician." This was decided on at the second day's meeting of the Funeral Directors' Association of Kentucky, which was held in Louisville.

No War in Indiana.—As per advice from Dr. Joseph Eastman, of Indianapolis, we are pleased to state that the "anniversary edition" row that was kicked up in the State meeting recently was promptly squelched, and the angel of peace now hovers in the vicinity of the Hoosier capital.

A Canard.—The report recently circulated by the daily press to the effect that the "late" Dr. Fraker, of Excelsior Springs, had been located in Michigan, has been exploded. We would advise enterprising reporters to take a change of "venom" to a new theme and allow the Doctor to rest in peace.

Woman.—Dr. Howard A. Kelly (*Am. Jour. Obstetrics*) says: "Take care not to use the word *female* as meaning a 'woman.' It is correct to speak of the female pelvic organs, but a *female* is not a woman. It is a cow, a mare, any animal of the female sex. It is old-fashioned English to call women females, and the expression is coarse in this sense."

Light Mortality in Chicago.—"The week ending May 18th showed the lightest mortality in Chicago for over five years."—*Western Undertaker.* This is but an ethical way of kicking about the business depression prevalent throughout the country, but unlike the other calamity howlers, the *Undertaker* does not attribute the dull trade to either the labor or silver questions, nor to the omission of any names from the constitution of the United States.

Salacity in Medical Journals.—The *Woman's Medical Journal* for March last in one editorial fiercely denounces the "salacious in medical journals," and in another as strongly endorses a new aphrodisiac as "one of the few specifics we have tried; the results obtained from its use in impotence were really suprising." The juxtaposition of the praise of the aphrodisiac and the discovery of salacity in the medical journals is amusingly suggestive, to say the least.—*Medical Standard.*

The World's Record Breaker.—A family of ten sturdy children, all under three and one-half years of age, is attracting a good deal of attention in Wauchula, Fla. The mother of the children, Mrs. William Webb, first bore twins in 1892, then triplets, and on April 4 last she gave birth to quintuplets, four girls and one boy, all of whom are said to be thriving remarkably well. It is proposed to introduce a bill into the Florida legislature for the relief of this large and little family, as they are very poor.

The Gresham Home for Sick Children.—Colonel Eli Lilly has presented to the Indianapolis Flower Mission the Walter Q. Gresham homestead to be used as a home for sick children. The house and grounds are large and roomy, and the grounds are thickly studded with large trees many of which were planted by Gresham himself. The house was occupied by Gresham till he went to Washington. Col. Lilly is at the head of the well-known house of Eli Lilly & Co., manufacturing Chemists, Indianapolis, and has a heart in him as big as his head, and both are continually planning some philanthropic act.

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Good Advice.—Never give stimulants in a case of profuse hemorrhage. The faint feeling or irresistible inclination to lie down is nature's own method of circumventing the danger, by quieting the circulation and lessening the expulsive force of the heart, thus favoring the formation of a clot at the site of injury.—*Clinique*

A Popular Resort.—On another page of THE HERALD will be found the announcement of Eagle Springs, a most delightful summer resort, nestled in the Kansas hills, and surrounded with scenery of picturesque beauty. The waters of the springs bubble forth in a cooling draught, and are found most valuable to sufferers from chronic liver and stomach troubles. We speak from experience when we say that there is no prettier spot in America for the weary business man who wishes to recuperate for a few weeks. Rates are very reasonable, and fare excellent. For terms, address Pryor Plank, Highland Station, Kas.

Missouri Pharmaceutical Association.—The sixteenth annual meeting at Excelsior Springs June 12 to 14, was a grand success from every point of view. Many good papers were read, and the sports were enjoyable in the extreme. Following is the list of officers for the ensuing year· President, James M. Love of Kansas City; first vice-president, Eugene Soper of St. Joseph; second vice-president, T. A. Moseley of Harrisonville; third vice-president, H. F. Hassebrock of St. Louis; treasurer, Edward G. Orear of Breckenridge; secretary, H. M. Whelpley of St. Louis; assistant secretary, Ambrose Miller of Kirkwood. In their proceedings the Pharmacists took strong action against the practice of adulterating drugs, and agreed to have no fellowship with any one using drugs in their degraded state of adulteration. The Travelers Association, which added in no small degree to the enjoyment of the occasion, was represented by almost one hundred members. The officers chosen are as follows: President, Walt S. Lindsley, St. Louis; vice-presidents, in order named, E. R. Scharlach, St. Louis; Geo. L. Parsons, Kansas City; W. E. Berryman, St. Louis. Secretary and treasurer, A. S. Forker, Kansas City. Council: W. C. Johnson, St. Louis; Chas. I. Hutten, New York, N. Y.; E. L. Frank, Kansas City; Taylor Blow, St. Louis. Geo. W. Krebs has been retained as attorney, and also appointed chairman of the M. P. T. A. Entertainment Committee for 1895-96. Excelsior Springs was again chosen as being the great and only place in the State in which to meet in 1896.

The Samaritan Hospital for Women, Montreal.—A new hospital for women, with the above name, was opened by Her Excellency the Countess of Aberdeen, wife of the Governor General of Canada, on the 17th of January, 1895. It is non-sectarian, and supported entirely by voluntary contributors, of which latter enough were handed in during the first month to carry on the work during a whole year. It is the only special hospital for diseases of women in Montreal, and will be moulded on the pattern of the celebrated New York State Women's Hospital in New York city. It is managed by a board of thirty of the principal ladies of the city, assisted by an advisory board of three laymen and three physicians. The staff consists of Sir James Grant, M. D., K. C. M. G., consulting physician; Wm. H. Hingston, M. D., LL. D., consulting surgeon; A. Lahthorn S. B. A., M. D., M. R. C. S. England, surgeon-in-chief; H. Lionel Reddy, C. M., M. D., surgeon; S. F. Wilson, C. M., M. D., assistant surgeon and registrar; Dr. Sylvester, assistant surgeon, and Dr. Letellier de St. Just, assistant surgeon. An anæsthetist and a pathologist will be appointed shortly. The outdoor service is attended to by the assistant surgeons from 4 to 5 P. M. every day, at which hour the surgeon-in-chief makes his daily visit, and the most urgent cases are admitted. The hospital is absolutely free to women who are poor and sick, and who are residents of the city. Patients from outside the city will be admitted on payment of a nominal charge. The operation days are Thursdays and Fridays at 10.30 a. m., when physicians who have not been attending infectious diseases will receive a hearty welcome. The hospital is situated in the choicest and healthiest part of he city, 1000 Dorchester street, near Mackay street, and may be reached by the St. Catherine and St. Antoine street cars, which each pass within one block of the door.

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PERSONALITIES

Dr. J. M. Richmond is making an extended visit to his old Virginia home.

Dr. Chas. G. Geiger, is at present in Vienna, where he is attending special courses in surgery.

Dr. E. A. Donelan, of St. Joseph, has been appointed fish commissioner, vice Mr. Herman Garlichs.

Dr. W. Carroll Chapman, of Louisville, editor of *Medical Progress*, died on May 28th, from blood poisoning.

Dr. J. Marshall Hawks, of New York City, died on May 26th. He graduated from the P. & S. college in 1890.

Dr. Edw. Palmer, of Louisville, Ky., met an unfortunate death July 5th, colliding with another bicyclist while riding his wheel.

Dr. Geo. D. Crothers is making a visit to his home in Ohio, and will take a post-graduate course in New York City before returning.

Dr. Newton Whitehead, the notorious "female specialist" of New York, will again be brought to trial for using the mails to further his nefarious practice—abortion.

Dr. Otto Sutter has been appointed superintendent of the St. Louis City Hospital, vice Dr. W. L. Blickhahn, who died suddenly soon after assuming charge of this institution.

Dr. S. F. Mather, died at his home, in Kansas City, Kas., at the ripe old age of 84 years. Just the evening before his death he gave $175,000 to the Methodist University of that city.

Prof. Billroth.—A statue of the illustrious Billroth was unveiled in the Hospital Rudolfinerhaus on April 25. The next issue of THE HERALD will contain a photo of the professor.

Mr. J. E. Mace, the genial Missouri man for the Maltine Mfg. Co., has been interviewing our local physicians in the interest of two elegant and seasonable preparations,—Maltine, with Coca Wine, and Maltine with Pepsin and Pancreatine.

William Henry Schieffelin, the head of the great house of W. H. Schieffelin & Co., which for over a century has been a representative American drug house, died at the age of 50 years, Friday, June 21, at his home in New York, of dyspepsia, from which he had been a great sufferer for many years. The deceased leaves a widow, a son, W. J. Schieffelin, and a daughter, and a host of mourning friends.

Death of Eli Quigley.—The death of Dr. Quigley, which occured in Orting, Washington, recently, recalls a bit of remarkable history which will be read with interest by the profession of Iowa and Missouri. Early in the year 1893 Dr. Quigley removed from Grant City, Mo., to Redding, Iowa, where he opened an office and commenced the practice of medicine. Early one morning of the same year it was found to be on fire, but the flames were extinguished before much damage was done. The charred body of a man supposed to have been Quigley was found within, but was afterward indentified as that of a man who died a few weeks since. The doctor had disappeared and an investigation disclosed the fact that he was carrying life insurance policies to the amount of $15,000. He was located and lodged in jail to await the charge of grave arson and attempt to defraud insurance companies. He broke jail and after some months was found at Sedalia, Mo. He was brought back, tried and sent to the penitentiary for a number of years. His testimony was needed to convict others involved in the same crime and he was taken to Mt. Ayer from the penitentiary to testify and on his return trip escaped from the sheriff and disappeared as if the earth had swallowed him up. He afterward located in Washington. Dr. Quigley graduated in 1879 from the college of Physicians and Surgeons, Keokuk, Iowa.

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RECTAL NOTES.

By DANIEL MORTON, M. D., St. Joseph, Mo.

Consulting Physician Memorial Home. Attending Physician Home for Little Wanderers. Assistant Surgeon St. Joseph & Grand Island Railroad.

New Clamp.—Dr. S. G. Gant, of Kansas City, has invented a new pile and polypus clamp that has been on the market for several months. It is so constructed that it can be easily rendered aseptic, and it can be used with the patient in any position and is adapted for use high up or low down in the rectum. It also makes a good colotomy clamp and can be substituted for a pile crusher. Its chief point of excellence, however, resides in the fact that it exerts equal pressure throughout the length of the blade.

New Method of Making Rectal Examinations.—In the April number of *Mathews Medical Quarterly* there is a very interesting account of the new method of examining the rectum and signoid flexure devised by Dr. Kelley. The description is given by Dr. Ramsay and will repay a careful reading. The method consists in the use of cylindrical specula of various sizes lengths and diameters, with artificial light as an illuminating medium. Even the sigmoid is brought within view and local treatment is administered by means of applications.

Unwarranted Surgery.—Dr. Mathews in a paper read before the Tri-State Medical Society, Atlanta, Ga., makes the following remarks: "Cancer of the rectum is of course all important to the surgeon. I have always maintained that where it was practicable it is better to extirpate the growth than to resort to colotomy. To the admirable device of Kraske we are enabled with much less trouble to remove the rectum and much more of it than by any other method, and he is to be congratulated upon his admirable operation. The time that I should occupy before your society will not permit me to deal extensively with this subject and I desire to say that in my opinion the surgeon who attempts the operation of removing the rectum under any other condition than that the growth be circumscribed and no infection exists is guilty of wrong practice. I also desire to say that I believe if the majority of cases in which colotomy has been done could be investigated, that upon a through reasoning and scientific basis, they could be pronounced unwarrantable. Much odium has been brought upon the medical profession for doing unjustifiable surgery, and in no department is this accusation founded in more truth than where many operations have been done upon the rectum and the colon.

New Monthly.—*The Bulletin* of the American Medical Publishers, Association, made its first appearance July 1st. It is edited by a committee composed of Drs. P. H. Fairchild, Ferdinand King, and J. MacDonald, Jr., New York City, Chas. Wood Fassett, St. Joseph, Mo., and Dr. J. C. LeGrand, Anniston, Ala., and its publication office is at 19 Barclay, New York. The following editorial presents the objects of the association and *The Bulletin:* "There has been a growing tendency of recent years toward organization and the Medical Journal publishers have fallen into line having as their object those which are usually the groundwork of all organizations of a similiar nature. To protect against mutual enemies. To encourage friendly feeling. To teach and be taught. To solve problems. To make the Medical Press of the country more worthy of a place in literature. To make more uniform and consistent the constant advance of the business end of Medical Journalism. We have already enlisted in the association a very reasonable percentage of the journals of this country, and it is confidently hoped through the instrumentality of this monthly *Bulletin* the remainder may be drawn into the fold, and so with greater numbers and greater strength do the work which needs be done. The Publishers of Medical Journals are respectfully referred to the Secretary of the association for further information." The roster shows a membership of 68 medical and drug journals, and this list is constantly being added to. A prominent feature of *The Bulletin* is the report on advertisers, a Key being furnished to members of the association.

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SOCIETY NEWS.

The Association of American Physicians held its Tenth annual meeting in Washington, on May 30 and 31, 1895.

Dr. Howard A. Kelly of Baltimore, will deliver the address on gynecology, at the fall meeting of the Tri-State Medical Society, in Des Moines.

The American Gynecological Society elected the following officers for next year: President, Dr. Wm. M. Polk of New York; First Vice-President, Dr. James H. Etheridge of Chicago; Second Vice-President, Dr. Fernand Henrotin of Chicago; Secretary, Dr. Henry C. Coe of New York; Treasurer, Dr. J. Montgomery Baldy of Philadelphia.

Medico-Legal Congress.— The Medico-Legal Society announces that it will hold a Medico-Legal Congress at or near the City of New York during the last week of August or first week of September, 1895 (time and place to be hereafter announced), opened to all students of Medical Jurisprudence, under the charge of a committee of arrangements, composed as follows. Ex-Surrogate Rastus S. Ransom, chairman; Clark Bell, Esq., Secretary; George Chaffee, M. D., Treasurer; Moritz Ellinger, Esq., H. W. Mitchell, M. D., Constantine J. MacGuire, M. D., Prof. A. M. Phelps, M. D.

New Organization.—Delinquents who owe doctors' bills must have a care or the next time they fall ill they must prescribe for themselves. The Physicians' Business Bureau "for social purposes and protection" has been incorporated in Springfield with Drs. Henry F. Lewis, I. N. Danforth, N. S. Davis, and Christian Fenger as incorporators. The object of the bureau is to protect its members against people who don't pay up after treatment. At the end of a certain time, yet to be agreed upon, the delinquent's name is put on a list by the attending physician. This list will be passed around among the members, who will know what men are not to be trusted.—*Railway Surgeon.*

The Northern Kansas Medical Society convened in Dr. N. Hayes office, Seneca, Kans., June 13th, 1895. Was called to order by Dr. W. E. Hamm, Vice-President. The histories of a number of very interesting cases were presented and ably discussed. Society changed time of its meetings from the second Thursdays of January and June, to the first Thursdays of November and May. The following officers were elected for the following year; Dr. W. E. Hamm, President, Beattie, Kans.; Dr. J. F. Lesh, Vice-President, Seneca, Kans.; Dr. S. Murdock Jr., Secretary, Oneida, Kans., Dr. N. Hayes, Treasurer, Seneca. Society adjourned to meet the first Thursday in November.

Grand Tour Around the Circle Arranged Especially for the Members of the American Pharmaceutical Association, by the Local Committee of Denver.—On the occasion of the annual meeting of that Association in Denver, Colorado, August 14th to 21st, 1895, a special train to make the entire tour of 1000 miles through the Rocky Mountains, will leave Denver at 8 o'clock a. m., August 22. The train will be composed of Pullman Sleeping Cars and Day Coaches to acommodate the wishes of all, as the train will make the entire trip in daylight, laying over at convenient points at night where good hotel accommodations can be secured. Those persons traveling in the Pullman cars will be permitted to occupy them for sleeping purposes. The fare has been reduced to the very low rate of $20.00 for the round trip good until September 1st. Stop-overs will be allowed on return portions of the tickets, within the limit of the ticket, at any point en route the passenger may desire. Parties wishing to make side trips on branch lines will be permitted to do so at half rates on presentation of their tickets to agents at junction points. On the return trip the special train will discharge all of its passengers that may desire to do so at Colorado Springs or Manitou, the great-

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est resorts of the west, from which points they may return to Denver by any regular train at their leisure. This journey "Around the Circle," of one thousand miles, through the heart of the Rocky Mountains, comprises more grand and varied scenery than is compassed in the same space on the face of the globe. Over peaks and passes, through canons and valleys, comprising in all sixty prominent points of interest famed throughout the world. The journey of the special train will occupy four days, as follows: First day—Denver to Salida. Points of interest seen from the train: Fort Logan, Woolhurst, Castle Rock, Caso Blanca, Palmer Lake, Phœbe's Arch, Glen Park, Chautauqua, Monument Park, Colorado Springs, Manitou, Pike's Peak, Cheyenne Mountain, Pueblo, Spanish Peaks, Florence Oil Fields, Canon City, the Famous Royal Gorge, the Grand Canon of the Arkansas, the Sangre de Cristo Mountain Range, Collegiate Range, Mounts Harvard, Yale and Princetown. Arrive Salida for early supper; at this point the train will remain over night; the air is delightful, the surrounding scenery magnificent, and good hotel for those who desire, close to station, where meals will be served. Second day—Salida to Durango. Points of interest: Valley of the Arkansas, Sangre de Cristo Range, Poncha Springs, Poncha Pass, Villa Grove, The Great San Luis Valley, Sierra Blanca (the higest Peak in Colorado), ascent of the Cumbres Divide, Phantom Curve, Toltec Gorge, Garfield Memorial, Los Pinos Valley, Cumbres Summit, Apache Indians on Reservation, Southern Ute Indians on Reservation. Arrive Durango for supper and remain over night. Hotel two blocks from station. Durango is the commercial city of southwest Colorada; has large coal and smelting interests. Third day—Via Rio Grande Southern Railroad. Through the Fort Lewis Military Reservation, in sight of the famous Ship Rock; the Mancos Valley and Mancos, the debarking point for the Cliff Ruins; over the Chicken Creek Divide, and through Lost Canon to Dolores and the Dolores Canon to the rich mining camp at Rico, from Rico over the Lizard Head Pass, in sight of the rock from which the pass derives its name; past Trout Lake and across the famous Ophir Loop, one of the greatest of all feats of railroad engineering; down the Valley of the San Miguel, crossing the Horse Fly Range and descending into Ridgeway, the terminus of the Rio Grande Southern, and thence via Denver & Rio Grande to Ouray, the Gem of the Rockies, nestling in a natural amphitheatre under the shadows of huge mountains. Remain here over night, either sleeping in the Pullmans or at one of the numerous good hotels. Natural Hot Springs are here with good bathing accommodations. Fourth day—leave Ouray and thence through the beautiful valley of the Uncompahagre to Montrose, the Cerro Divide, the famous Black Canon of the Gunnison and the wonderful Curricanti Needle to Gunnison, and on over Marshall Pass, the climax of railroad building, crossing the Continental Divide at an elevation of 10,852 feet, and descending to Salida and on to Denver via the same route traversed on the outward trip, arriving there early on the morning of the fifth day, having compassed the famed tour "Around the Circle." For Pullman berths on this train diagrams will be opened at the Grand Union Ticket Office, 1662 Larimer Street, at 8.00 a. m. Monday August 17th, or you can secure sleeping accommodations by addressing S. K. Hooper, G. P. & T. A. D. R. G. R. R., Denver, Colo. In addition to this trip the members of the American Pharmaceutical Association are cordially invited to avail themselves of some of the very low rates for other tours in the Rocky Mountains, which are in effect from May to October, and details of which will be cheerfully furnished on application.

S. K. Hooper, General Passenger and Ticket Agent.

To the Members of the American Pharmaceutical Association.

We have succeeded in arranging with the Denver & Rio Grande Railroad for this most desirable of Rocky Mountain tours at the extremely low rate named herein. In no other way can so much be seen or learned of this scenic State. The party must number not less than one hundred in order to secure the advantages of a special train,—otherwise, the trip must be made more inconveniently by regular trains. The Committee sincerely hope that enough of the members will signify their intention to go, so that the special train may be secured. We should be glad to hear from you at once of your intention to be one of the party.

Chas. M. Ford, Chairman of Committee on Transportation.

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IN THE JOURNALISTIC REALM

The Index Medicus, much to our regret, has been discontinued.

New Title Page.—*The Medical Fortnightly*, St. Louis, offers a prize of fifty dollars for a new cover design.

New Journal,—*The Canadian Medical Review*, edited by Dr. W. H. B. Aikins, is announced from Toronto.

Discontinued.—*The Southern Medical Review*, a new venture at Houston, Texas, has been sold to and consolidated with *The Texas Sanitarium*.

Very True.—*The Tri-State Medical Journal* strikes the keynote of truth when it says that but few of the monthlies are worth more than one dollar a year. We know of several that are not worth even that amount.

Late Medical Practice Laws.—In the June issue of THE HERALD is printed a full list of the late laws in the various states governing the practice of medicine. Extra copies of this issue will be sent to any address for 20c. post-paid.

Changed Hands.—*The Pacific Medical Journal*, so successfully conducted by Dr. Winslow Anderson, has passed into the hands of the Pacific Medical Journal Co., with W. F. McNutt, M. D., M. R. C. S. Edin. as managing editor, 603 Sutter St. San Francisco.

A Popular Journal.—No exchange is more welcome to our table than is the *Maryland Medical Journal*, which is under the able management of Dr. H. M. Simmons, and edited by Dr. Wm. B. Canfield. A recent issue contains a photo of the *Journal* building in Baltimore, which was handsomely decorated in honor of the A. M. A., together with a picture of the unique exhibit made by Dr. Simmons in the Cyclorama building during the meeting. THE HERALD man had the pleasure of occupying the adjoining booth, and appreciated the courtesies extended upon various occasions.

An Open Expression is the caption of a neat little circular sent out by Dr. Coe of the *Medical Sentinel*, Portland, Oregon. The title page contains two portraits of a baby, each giving voice to an "expression." The array of "Indisputable Facts" is as follows:

1. The *Medical Sentinel* is the official organ of the state medical societies of Oregon, Washington, Idaho, Montana, and has been endorsed by the society of North Dakota.
2. The *Medical Sentinel* is the only journal published in the great Pacific Northwest.
3. The *Medical Sentinel* does not depend upon its endorsement or the strategic position which it occupies to secure subscribers, but sends its solicitors over its field time and again.
4. The *Medical Sentinel* furnishes an affidavit of circulation upon request of any advertiser, signed by printer, binder, manager and mailing clerk.
5. The *Medical Sentinel* is published at Portland, Oregon, by Dr. Henry W. Coe, and its advertising rates, although seeming a trifle high, are so fair, that usually it takes either death or business failure to induce a patron to forsake the journal.
6. Write for rates—we have but one price.

Procrastination is the thief which robs advertiser and journal.

WHEN?

Sun comes, moon comes,
  Time slips away.
Sun sets, moon sets,
  Love, fix a day.

"A year hence, a year hence,"
  We shall both be gray."
"A month hence, a month hence,"
  "Far, far away."

"A week hence, a week hence."
  "Ah, the long delay."
"Wait a little, wait a little,
  You shall fix the day."

"Today, love, today, love,
  And that's an age away."
Blaze upon her window, sun,
  And honor all the day.
—The Wren's Wooing, Tennyson.

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THE MEDICAL HERALD

MEDICAL HERALD COMPANY, - - - - PUBLISHERS.
CHAS. WOOD FASSETT, - - - BUSINESS MANAGER.

PUBLISHING HOUSE,
CORNER SIXTH AND CHARLES STS.

SAINT JOSEPH, MISSOURI.
TELEPHONE NOS. 196 AND 736.

ALL matter pertaining to this department, or concerning advertisements, to insure prompt attention should be addressed to the Business Manager . . . . . .

THE HERALD'S circulation being among a class of physicians who PAY THEIR SUBSCRIPTIONS (and consequently READ each issue), this journal naturally offers the best opportunity to those advertisers who desire to reach the thrifty and progressive practitioners of the West and South.

Publishers' Bureau.

THIS DEPARTMENT will be devoted to such notices and comments as the Business Editor may feel inclined to make of deserving and meritorious preparations, and such items of news concerning new goods as will prove interesting to our readers. Practitioners are particularly requested to send us brief facts concerning the success of preparations advertised in THE HERALD, as demonstrated in their practice, and we will always be glad to give space in our Original Department for extended reports of clinical cases. Practices for sale, or notices of removal, not exceeding ten lines, will be inserted FREE three times for subscribers. Always state reasons for selling.

The Dead Advertise Not.—*Medical Age.* Moral: Advertise and Live.

Surgical Chair.—Any doctor in need of a first class operating chair, can secure a bargain by addressing RETIRED, care MEDICAL HERALD, St. Joseph, Mo.

Wanted.—Situation as clerk by a Physician; ten years experience. Registered in Missouri. Address A. C. MAJOR, Kearney, Mo.

Variety is the Spice of Life.—Many compliments have been bestowed upon the 1895 cover of THE MEDICAL HERALD, no two of which will appear in the same combination of colors during the year.

Report on Unguentine in Eczema.—I have used unguentine in a case of universal eczema with great benefit and comfort to my patient on whom I had used all kinds of antipyretic remedies without any relief to the tormenting itching.
Yours truly, J. J. LAMADRIA, M. D., Brooklyn, N. Y.

Melachol, is a product of one of the most reliable pharmaceutical houses in St. Louis. Those who have used it for irritable nerves, for cases of melancholia, etc., have found it highly beneficial. Any physician who will address the manufactureer will receive free of charge, except express charges, a full-size bottle of Melachol. Mention THE HERALD.

Seasonable Suggestion.—No preparation with which we are acquainted is entitled to greater confidence as a remedy, in the treatment of the stomach and bowel derangements incident to the summer months, than Maltopepsine-Tilden's. It is put up in three forms, viz: Powder, handsome 5-grain Tablets, and an elegant Elixir; either of which is pleasant to the palate, and agreeable to the most delicate stomach. It is specially adapted to the treatment of cholera infantum and ailments of a similar character in childhood. If you will give it a trial, we believe you will thank us for the suggestion.

Sander & Son's Eucalypti Extract (Eucalyptol).—In the article treating on inhalations of eucalyptus in cases of diphtheritis (Berlin *Klin. Wochenschrift*, 1876, No. 21) by Prof. Dr. Mosler, Director of the Medical clinic of the University at Griefswald, it is stated: "The oleum eucalypti folies, I employed in my tests, I received through Holzle & Chelius, Frankfort-on-the-Main; it must not be mistaken for the more frequently offered oleum eucalypti australe which is obtained from the wood of the eucalyptus trees. This latter oil is used commonly for mechanical purposes and has a far cheaper price; it is, however, no longer applied by me as an internal medicament." We certify that the oleum eucalypti folies named in the Berlin *Klin Wochenscrift*, 1879, No. 21, and there mentioned to have been procured from us, was the product of Messrs. Sander & Sons, Sandhurst, Australia. Holzle & Chelius, Frankfort-on-the-Main, Agents.

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THE MEDICAL HERALD

A PRACTICAL MONTHLY JOURNAL OF THE MEDICAL SCIENCES.

HIRAM CHRISOPHER, M. D., Editor.

To contributors of Original Articles, a liberal number of copies of the HERALD will be given (or mailed free of expense if addresses are furnished), and the publishers will furnish reprints at cost, application for same to be made when copy is forwarded.

Illustrations will be furnished FREE for all articles requiring same, if drawings are furnished.

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Contributed Articles

[EXCLUSIVELY FOR THE MEDICAL HERALD.]

The Treatment of Varicocele.

BY CHARLES C. ALLISON, M. D., OMAHA, NEB.

Professor of Rectal and Genito-Urinary Surgery, etc., Omaha Medical College.

READ BEFORE THE OMAHA MEDICAL SOCIETY, MARCH 5TH, 1895.

AN accurate knowledge of the pathology and of the predisposing and exciting causes of varicocele is essential in selecting an intelligent plan of treatment. Predisposing causes are suggested by the three elective fields in which varices are common, that is, in the rectum, in the veins of the spermatic cord, and in the superficial veins of the lower extremity. Dependent position, frequent obstructions in the abdominal cavity, and the absence of muscular and fascial planes which, with the complement of valves, is one of the most essential agents in maintaining the venous current.

Supplementary to dependent position, and loose connective tissue support, constipation, extreme athletic efforts, sexual irregularities, under which is included any departure from the normal sexual hygiene, the presence within the veins of but rudimentary valves, direct trauma, and, on the left side, the great length of the veins, and the anatomical obstruction of two right angle currents of blood, afford abundant reason for engorgement. A weak heart and a want of elastic resistance in the tissues from any constitutional fault may be noted as predisposing factors.

The pathological changes which attend varices consist in dilated and tortuous vessel walls with a loss of elastic and contract fibers which are replaced by connective tissue cells, which from low grade inflammation produces increased thickness, but impaired strength of the vessel wall, a

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retrograde change which nature has no chance to repair with this impediment in the local circulation. The integrity of the testicle is in marked cases reduced and atrophy with structural degeneration is a sequelæ.

The symptoms are pain in the testicle and cord, vesical and urethral distress, lumbar and iliac pain, and in those affected with genito-phobia fancied sexual perversions are common, and melancholia with real digestive and nutritive disturbances follow.

No definite relation exists between the severity of the venous engorgement and the subjective symptoms. Marked hypochondriosis may be associated with but a mild development of the trouble, particularly when the individual has obtained his information upon his malady from the paid advertisements in the daily press. This leads to the first remedial measure, which may be called moral treatment.

Clear explanations of the functions which belong to the genital organs, directing the patient's attention to the harmlessness of a mild varicocele with advice which will lead to the removal of existing causes often leads to satisfactory improvement.

The palliative treatment consists in hygiene of the bowels and genital organs, the use of dietary and medicinal measures which promise the best general nutrition, systematic exercise, regular rest, the cold douche to the scrotum which gives benefit by stimulating the circulation and the tone of the dartos muscle. The cold sound, vesicle irrigation, and mechanical support are supplementary measures of value. The suspensory bandage to be really useful should be accurately and neatly applied.

When the palliative measures fail to give relief, and the veins are distinctly varicose, radical steps are indicated. Of the radical measures but three will be mentioned as offering the most certain relief with a minimum of danger.

First. The subcutaneous ligature may be applied after complete asepsis of the scrotum has been accomplished by first separating the vas deferens from the veins, then transfixing with a Peasley's needle, the scrotum from before backward, when the needle is withdrawn sufficiently to allow the veins to fall back past the point of the needle when it passes outside of the vein and again makes exit at the posterior juncture. The needle is then withdrawn and the silk snugly tied, the skin pulled away from the juncture points when the operation is completed. This plan is comparatively simple and good results should follow, but it seems objectionable in that some connective tissue is included within the ligature, and some difficulty may be found in making sufficient pressure to promptly occlude the veins.

The open operation seems most surgical at this period on account of the accurate technique which it affords. The incision is made an inch and a half long, beginning an inch below the external ring. The vas is displaced posteriorly and the veins all readily reached. Care should be exercised to avoid injuring the veins, and when they are well exposed, an aneurism needle armed with catgut is passed beneath the vessels which are pulled out of the incision and tied, when a second ligature is passed in a similar manner two inches higher up. The intervening vessels are excised. The stumps are then approximated by tying a free end of the lower ligature to a

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free end of the upper one, when the remaining ends are threaded and made to transfix its corresponding stump, after which the ends are tied and accurate approximation is gained.

The skin and fascia are coated by a continuous gut suture without irrigation and without drainage, and a pledget of borated cotton applied to the wound which is sealed with flexible collodion, a good support applied, and the patient kept in bed for four days, when some freedom of movement may be permitted, and, in a week, the patient may leave the room.

The last method is that of excision of the scrotum, which may be looked upon as supplementary to the above when it is desirable to remove redundant skin. In moderate types of the disease, where hypochondriasis is marked, this plan seems logical.

With a clamp accurately applied, the scrotum may be excised and coaptation by silk suture accurately made. A liberal amount of the scrotum should be excised and firm supportive dressing applied during the week after the operation to insure good union without retraction of the cut surface.

In twelve operations I have used the subcutaneous method once with a good result. The excision method was performed once in an emotional patient with complete relief. In the ten remaining operations, the open method was pursued, and primary union followed in each case. In one, the wound reopened in three weeks, and the sinus refusing to heal was explored and a piece of silk removed with a resulting restoration of integrity in tissues. This was the only compilcation in twelve operations, and the only one in which silk was used as a ligature.

With complete asepsis, therefore, and perfect operative technique, and the use of absorbable material, complications should be *nil*, and permanent relief certain.

Wounding the Bladder in Vaginal Hysterectomy.—Jacobs, of Paris, reports that after incising the vaginal mucous membrane in the anterior cul-de-sac, he proceeded with the finger to detach the cellular tissue separating the supra-vaginal portion of the cervix from the bladder, when suddenly and without any warning the index disappeared in the bladder. The author sutured the viscus at once and found then that the muscular fibers of the vesical wall existed only in patches. Twice in my own work I have penetrated the bladder in a similar manner, not to mention the two or three cases in which I have accidentally cut into it with scissors. Unless one is exceedingly careful in making the anterior dissection this accident is extremely liable to occur, as the bladder-wall is frequently very fragile. I have for a long time abandoned the use of scissors in this part of the operation for this very reason. And even with the fingers alone the rupture has twice occurred. Both were too high for vaginal closure. One spontaneously recovered, assisted by a little nitrate of silver; the other was closed by supra-pubic suturing. Both might have been avoided by a little more care. —*Lanphear.*

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Diseased Conditions of the Ovum Leading to Watery Discharges from the Uterus.

By W. J. WILLIAMS M. D., Adel, Iowa.

READ BEFORE THE WESTERN ASSOCIATION OF OBSTETRICIANS AND GYNECOLOGISTS, OMAHA, NEBRASKA, DECEMBER 27TH. 1894.

IT has been the experience of almost every obstetrician to be called to the bedside of a patient to find a history of watery discharges from the uterus, pregnant or otherwise. It may have been with a feeling of uncertainy that he attempted to assure his patient of the prognosis, and it may have been his experience to discover after a while, that he has made a mistake fraught with dangers to a trusting patron, or may be, in fact, his over-confidence that it is but a simple affair, may hazard the confidence of patient and friends, by giving a false security leading to a disastrous outcome.

With a feeling that we sometimes make the mistake of improperly weighing these seeming small matters, and with a hope of provoking a profitable discovery I have ventured to make a study of this subject.

It would seem that the best understanding might be attained by an inquiry into the pathological conditions of the different tissues that may lead to such discharges, and among these chronic diffuse endometritis first claims our attention. Schroder considers this to consist of chronic diffuse proliferation of the decidua vera and reflexa, and in this he has been followed by the best students who have given the subject a careful examination. Under the stimulus of an increased blood supply during pregnancy this granulating tissue takes on additional and unnatural growth, and the thickened indurated decidua developing upon this rank soil, so to speak, is liable to undergo cystic degeneration.

The mucous membrane becoming still more thickened, many of the large cells are crowded upon and choked off, and in the deeper layers the cavities are increased in number and size until the cysts occupy most of the substance.

Of polypoyd endometritis, which is considered but an advanced degree of the previous condition by some, and by others considered the results of other pathological conditions, such as syphilis and the changes following the acute infectious diseases, we have a considerable number of cases recorded, characterized by great thickness of the mucous membrane, which is studded by prominences of varying size and varying degrees of elevation from smooth nodules scarcely raised above the surface to the pediculated and sessile.

This complication of pregnancy leads usually to early abortion following a history of frequent aqueous and bloody discharges, and may account for that peculiar tendency to throw off the results of conception, so often observed in the syphilitic and those affected by the infectious diseases.

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In regard to catarrhal endometritis of which the German authors, Schroder, Spigleberg and Braun, hold the opinion that chronic inflammation of the decidua may, aside from the cellular proliferation mentioned above, produce an abnormal liquid secretion. But Stoffer, whose opinion is much respected, holds to two sources of these collections, the traumatic and the catarrhal.

Collecting at various points and between the different layers of membranes and between the membranes and the uterine walls and with contents varying in consistency and color from that formed in cystic degenerations and in hydatids, they give rise to discharges varying in amount and simulating the breaking of the waters at full term.

The source of the liquid has been held to be by transudation from the amnion, by secretion from the uterine walls, and by transudation from the contiguous blood-vessels.

Among the diseases to which the placental structure is subject that may lead to those conditions, must be mentioned placentitis. This inflammation leading to a weakened state of all the tissues, including stroma, blood-vessels and the villi, may lead to extravasations in the midst of the tissues aptly called placental apoplexies. In these irregular cavities filled with blood, the solid elements of which, degenerating or being absorbed, leaves behind cavities filled with serum products in the form of slightly colored and sometimes viscid fluid. The fetus not surviving, the changed condition results in the so-called carnified mole which, continuing to sojourn in utero, the contents meanwhile undergoing pigmentary and other changes, we have a cystic mole remaining with cavities filled with a sero-sanguinous fluid from the blood serum.

In the last division, that of the so-called hydatid mole, we have the most interesting cause of these discharges.

They are most apt to occur during the last half of the child-bearing period, and that uterine disease was the determining factor has been the prevailing opinion. Later investigations, however, have tended to disprove this by showing that by far the greater number of cases show no such diseased conditions.

The most important and interesting vital property in these cases is that the vesicles consist of living, growing tissue elements. Fatty degeneration of the epithelial covering and connective tissue stroma exists only to a minor degree, thus supporting the theory of their origin from other than dead masses of tissue where these changes would be made. On the contrary, an unusual proliferating tendency is present, while they receive their nourishment directly from the uterine wall, and while chorion vili and all attachments are nourished from vessels of the allantois, this mode of blood supply cannot exist, because in cases of total destruction of chorion there is no fetal circulation, and even in *mola pantralis* the vessels to the degenerated parts are obliterated in toto.

The diagnosis and treatment become of interest when we consider the inroads upon the vitality of the uterine tissues, the liability to form adhesions, difficulty of separation and danger of alarming and uncontrolable hemorrhage. In all varieties where the liquid is contained in the cavities

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between different layers of membranes and between the membranes and the maternal structures proper. There is little in the way of symptoms except that the woman, during the last of a seeming normal pregnancy, is surprised by a jet of liquid, usually of considerable amount, followed by oozing, leading her to fear the oncome of labor. Yet in the absence of the usual pains these fears are usually quickly set at rest, and recurring attacks may settle the diagnosis.

The presence of catarrhal metritis at time of conception may be of value as a determining factor. The prognosis in this class of cases is good, neither health nor pregnancy being compromised, and the treatment should be expectant and watchful of uterine contractions.

Of all other varieties the diagnosis is difficult, the symptoms depending on obscure conditions. In many cases there may be such a grouping of symptoms as may lead to an intelligent and safe position. Rapid and exaggerated development of abbomen, not in accord with the period of pregnancy, is of value, but alone may give rise to suspicion of malignant growth or ovarian cyst.

Small and frequent discharges of a peculiar type have weight, especially where there is alteration of bloody and aqueous flows commencing about the second month. To the careless this may lead to diagnosis of cancer of the cervix or vicious placental insertion. Where we have a combination of these during the first months of pregnnancy when the development is easily appreciated and faulty insertion not liable to give trouble we may easily direct our mind to those morbid conditions of the developing membranes that occasionally occur. Couple with these a history of tender uterine walls and a history of painful contractions of the irritable surface and we have such a grouping of symptoms as are of great diagnostic value.

All conditions the result of extravasations and of degenerations that are extensive, leading to cystic and carnified moles, cause cessation of growth of fetus, and there being no proliferating tendency we have no increase in size, while parturition is delayed and menstruation interfered with until no longer tolerant of the contents of the uterus, rids itself of the mass. On the contrary, in those cases where there is no excess of proliferating tissue we have great increase in size and painful contractions from over-distension producing discharges from the breaking down of the walls of the cysts, and sometimes discharge of the vesicles themselves.

Combinations of degenerated tissue with continuing pregnancy makes the diagnosis more difficult and requires more discretion lest we fail to be clear and hazard the life of a fetus which might go to full term.

Upon a proper and careful diagnosis depends the proper application of treatment. In those cases of simple hydrorrhea and where extra *racks* of water exists as incidents to a pregnancy otherwise normal, no concern need attach save to make certain the diagnosis and to assure the interested that at a proper time all will be well. Once determined that pregnancy continues in the presence of cystic degenerations of the membranes and our position must be tentative with a constant watch and care for impending danger.

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Under these changed conditions the fetus having its well-spring of nourishment encroached upon may shrink and be absorbed, or escaping this, may go to term much the worse for its limitations. At all times this development on an over-sensitive uterine surface is a menace to the integrity of the tissues. Responding to the rapidly increasing pressure of contents the irritation is liable to set up contractions resulting in complete expulsion fraught with danger from an adherent mass separating from an overweak uterine wall where the close and unnatural connection with maternal circulation may and often does result in severe and dangerous hemorrhage. When fetal vitality ceases nothing is gained by waiting, and the uterus should be emptied.

In all cases uncomplicated with pregnancy, be it the result of placentitis, extravasations or proliferating cystic degenerations, when our diagnosis can be made certain our position must be that of active interference; to allow the continuance is to risk accidents that are hazardous to life, as delay only adds to that weakness of tissue and loss of vitality accompanying the anemic conditions that invites trouble through septic infection.

Thorough tamponing of vagina repeated until dilatation results or hemorrhage decides more active interference with a careful separation with the finger and removal are the things indicated, and nowhere is thorough and painstaking application of antisepsis more indicated than in these cases. Careful search for adherent masses and subsequent tamponing of uterus where the vessels fail to close are always indicated, while more close and unnatural connection with maternal structures will indicate more care in the use of the intra-uterine douche.

St. Louis.—The authorities of the City of St. Louis, in recognition of the compliment paid to their metropolis by the naming of the great steamer, "St. Louis," made very generous and beautiful presents to the ship, among which were the following: A library for the first cabin, consisting of 1,622 carefully selected volumes, handsomely bound and numbered. A library for the second cabin, containing 639 volumes, also especially selected. Two hundred copies each of hymnals and prayer books, especially bound and bearing the names of the ship and the doners. Two handsomely bound albums, containing each fifty photographic views, with descriptive matter covering a brief history of the city and of each picture. A monograph descriptive of the new Union Station, donated by the president thereof. Ten ornamental glass windows for the first cabin library room; and a full set of flags, including the American ensign and the house flag in silk, and a burgee bearing the name, "St. Louis." The "St. Louis," completed her maiden trip in 7 days 4 hours, arriving at "The Needles," in the English Channel, Thursday, June 13. This is considered a good performance for a new ship.

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An Interesting Condition of the Intestines Found During Operation for the Cure of Fecal Fistula.

By DR. J. E. SUMMERS, JR., Omaha, Neb.

READ BEFORE THE WESTERN ASSOCIATION OF OBSTETRICIANS AND GYNECOLOGISTS, OMAHA, NEBRASKA DECEMBER 27TH, 1894.

IN July, 1892, I operated upon Mrs. R. for double pyo-salpinx. The operation was one of the most difficult of my experience, necessitating much rather rough handling of the intestines. The woman survived the operation but was in a deplorable state because of a fecal fistula which resulted, and continued for more than two years, notwithstanding faithful endeavors to cause it to close. Early this past fall the patient returned to Omaha, begging that I would make an attempt to rid her of the fistula, declaring that she preferred death rather than remain as she was, and well she might as her condition was pitiable.

Although the discharge from the fistula might have been analyzed and possibly an approximate location of its source in the intestinal tract made, yet we were led to believe that the opening into the bowel was situated high up in the rectum, or in the sigmoid flexure of the colon, because, when a moderate sized enema was given, water escaped at the fistulous opening. After the abdomen was opened the following condition was discovered. About 2 feet from the ileo-coecal valve the ileum was found to connect with the fistulous tract; for some distance *above* the opening it was dilated to more than the usual size of the colon and its wall much hypertrophied, *below* the fistula it was markedly contracted, and its coats atrophied. The large intestine for its whole length was much smaller than normal. Water thrown into the rectum had *passed* through the large bowel, the ileo-coecal valve was incompetent, and thus the water had found its way into the ileum and made its appearance at the fistulous opening in the abdominal wall. It was found necessary to resect several inches of the ileum where it made a sharp angle at the bottom of the fistulous tube and the ends were united by a Murphy button in the same manner as we would do an ileo-colostomy or a duodeno-gastrostomy. No other method was applicable because of the great difference in caliber of the intestines above and below the resected area. There was great shock due to the woman's weakened general health and the manipulation required to untangle and straighten out the matted intestines and omentum. There was no reaction in spite of intra-venous saline injections, and the use of other usual restoratives, and the patient died 7 hours after she left the table.

A post-mortem examination demonstrated the button as placed, and a careful search failed to discover any opening into the large intestine. This is the third case in which I have used Dr. Murphy's device and I am much pleased with it; it is a great time saver, and if carefully introduced more reliable than stitches. Two of my cases have died but the buttons had no

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part in the result. One patient recovered after a resection of between four and five inches of the lower sigmoid flexure and upper rectum, infiltrated with tubercles, a complication of a tuberculous pyo-salpinx. I have here the specimens, and the patient when heard from a few weeks since was well, the operation having been done six months ago.

Laceration of the Cervix.

By CHAS. W. ADAMS, A. M., M. D., Kansas City, Mo.

Professor of Gynecology, University Medical College, Kansas City, Mo.

READ BEFORE THE NEW MEXICO MEDICAL SOCIETY, LAS VEGAS, N. M.

No department of science presents the inborn desire of men to follow blindly some leader, fashion, or fad, more than the science of medicine. Therapeutical means and surgical methods are given out and immediately followed with vim and vigor, only to fall into disue or finally become reduced, after a long time, to their true value. The department of Diseases of Women, young as it is, presents this in a marked degree. From 1844, when Dr. Bennett ascribed in his books, every ailment of woman as due to inflammation of the os or cervix uteri, up to the present time, when hysterectomy is performed for a simple neurosis, and the woman's entire genital organs sacrificed, it is one long array of changing treatment or operation. We do not say that good has not come of this, or even that it may not have been necessary; but the doubt will arise, does the good obtained condone the evil?

Amongst the prominent operations received with this enthusiasm by the profession, we find that of laceration of the cervix uteri, first performed by Dr. Emmett. While the operation has not gone into disuse, still it is now considered below its true value, as far as it was once lauded beyond its place and merit. It has, however, its place and usefulnessness in gynecology. To find this, we must first ascertain what a laceration of the cervix really is, which can cause pathological conditions in women. We have found that a majority of physicians consider a laceration of the cervix only when it involves the integrity of the entire cervix, overlooking the fact that there may be several degrees of laceration; and also, that a lesion of any organ must be judged by the functions and size of that organ and not alone by the extent of the lesion. Moreover, lacerations seldom come under observation until a long time has elapsed since their occurrence, when pathological conditions and symptoms have driven the woman to seek advice for the alleviation of her aches and ailments. During this time nature is not idle. She endeavors, as far as possible, to repair the damage done. She covers the torn surfaces, moulds the gaping orifice, and twists the fundus in every way in the endeavor to maintain the correct canal, and outlet for uterine discharges and menstrual flow.

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If through a speculum the two lips of the cervix be seized with a double tenaculum or two single ones, far back of the os in front and behind, and gentle traction be made, the lips will be found to be everted and will roll inward. The vaginal portion of the cervix will be seen to have been formed, in a more or less degree, from the inner surface of the cervix, everted from an ununited laceration. Unless the above procedure be carried out many lacerations which need repair will easily be overlooked. Lacerations may be classified as complete, incomplete and partial. By partial, I mean that condition of the os where it is open and patulous, having a ragged appearance on one or both sides, or in many directions, i. e., stellate, with a very large cervical canal, as if the head, during delivery, had ploughed out a portion from the internal to the external os. In this case the vaginal surface of the cervix is intact, which is not the case in the other varieties. There can also be no invasion of the lips.

In order to be more clearly understood why partial, as well as complete lacerations give rise to constitutional and local symptoms, we must look for an anatomical cause. The uterus represents, in miniature, the pregnant uterus at the time of delivery. It has the power, at all times, under irritation, to contract and expand, just as at full term. This contraction and expansion is always at the expense of the circular muscular fibres of the os. Outside of pregnancy it is not noticeable at the period of menstruation.

The nerves of the cervix are from the sacral and lumbar plexuses of the cerebro-spinal system. Only a few filaments are given to it from the sympathetic system (hypogastric plexus and parts of solar plexus, mostly to fundus).

We shall see further on what bearing this has on the symptoms. In addition to this, the pendent position of the uterus in the pelvis, with the crowding down on the fundus, of the intestines, through faults of dress, cause a continual traction on a torn or ragged cervix, as well as on its nerves.

When we look for the morbid conditions present we find a uterus subinvoluted, a changed condition of uterine discharges, acrid, irritating and profuse; erosions where there is a failure in healthy union, betwixt cervical and vaginal mucous membranes, as well as the result of the irritating discharges, a diseased condition of the endometrium. There is, also, in the large proportion of cases a thickening in one or both broad ligaments, with possible bands of adhesions from post peritonitic inflammations. To the examining finger, the os, in many cases, feels dense, hard and even nodular, while to the eye it may be reddened, eroded and bleeding on the least touch, not unlike a cancerous condition. We suspect that many a so-called cancerous uterus has been hysterectomied for the above condition.

In regard to the cause, we can, as a rule, ascribe this to one factor, either delivery at full term or a miscarriage. We have seen a laceration, the undoubted result of surgical dilatation.

The symptoms are so various that it may be doubted whether it is caused by the lesions in question. It is, no doubt, this questioning which has led to a distrust in the necessity of operation, save in extreme cases. We believe, however, that it can be proven if anatomical and pathological

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conditions are taken into account. According to these, we have a dragging sensation in the pelvis, the result of an enlarged and heavy uterus, which could not regain its normal size, due to the want of a traction point at the torn cervix. The muscles of the uterus are like a string tied only at one end. Profuse and irritating leucorrheal discharges, painful menstruation, pain in one or both sides; these are the local symptoms present. In addition we have a constitutional backache, and headache, especially in the top and back under the occiput. The reflexes are such as usually accompany uterine diseases. They are due to reflex nervous irritation, such as disturbances of the bowels and stomach, palpitations of the heart, disturbances of respiration, bordering on hysteria. All these symptoms are aggravated at the menstrual epoch. Sterility is usually an accompaniment.

In regard to treatment the question arises: Can we do anything by therapeutical means, or must we always resort to the knife?

I believe that therapeutics may be discussed after we have admitted its value, in placing the woman, both locally and coastitutionally, in the best condition for operation. We unhesitatingly say that the knife should be used in all lacerations, from partial to complete. These unfortunate patients have, as a rule, run the gamut of every method of treatment. Subinvolution, leucorrhea, ulceration of the os, neuralgia of the ovaries, as well as a host of constitutional troubles. If they escape the formation of pus in tube, broad ligament or ovary, and thus not have to submit to mutilation and danger of life, they are fortunate. An early simple operation would avoid all this. The method of operating can be briefly told. After the usual cleansing procedure, both of the external parts and the vagina, the upper lip of the cervix is seized with a tenaculum and transfixed with a needle carrying heavy silk thread; the lower lip is treated in the same way. These threads knotted separately, enable an assistant to draw down the uterus and control it for the benefit of the operator. They are not in the way like the tenaculum. The uterine canal can then be cleansed and washed out and douched with a solution of bichloride, 1-500, and made thoroughly safe against infection. I do not believe that curettement before this operation is altogether safe.

With a Skenes' hawk bill scissors now cut a generous piece from the angle of each laceration, and in some stellate varieties, throw the two or more lacerations into one. Each case, however, is governed by the conditions present. Now with a knife cut a strip from the point where the os is to be, down to the angle of the wound. Do not dissect off but cut a strip, going deeply enough to remove all cicatricial tissue. If it be a bilateral laceration, leave only a narrow strip of cervical mucous membrane on the upper and lower lips. There is no danger of adhesions if a pessary is inserted within the new canal, after the operation.

The needle used is the Hagadorn; the suture, silver wire, No. 26. The sutures should be passed deeply through the upper and lower lips, to the edge of the cervical mucous membrane which has been left. The wire sutures twisted for the distance of half an inch from the coapted edge of the wound, are bent down and inward to the center of the vaginal surface of the upper lip. A pessary is readily made from the pieces of silver wire

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which have been cut off, by bending and shaping them to the form of the capital letter T. The pessary retains its place, and being made of many wires, prevents union and gives better drainage than any other means which can be used. No gauze is used as packing or as a means of maintaining an aseptic condition. Six hours after the operation, a carbolized vaginal douche is used and kept up three times daily, until the stitches are removed, which, as a rule, is about the twelfth day.

As soon as possible the douche is given to the patient, sitting over some receptacle, instead of a bed-pan or anything else which requires a recumbent position. About the fifth day patients may sit up and even go about before the stitches are removed. I prefer, in every case, silver wire for suture; others may use silk or silkworm gut.

One condition, however, that of sacculated pus, prevents surgical repair of a lacerated cervix. Therefore, the operator, before undertaking the operation, must satisfy himself by every means in his power, that there is no pus in the pelvic cavity. If there be pus present, the traction on the uterus and the manipulations consequent to the operation might cause a bursting of the sac, escape of pus into the abdominal cavity and the consequent results.

If the case operated on has no pathological condition within the pelvic cavity which requires excision, the benefit obtained by a well performed repair of a lacerated cervix are marvelous. The return of the uterus to its normal size, the lack of pain at menstrual periods, the lessened uterine discharge, the loss of nerve pains, direct and reflex, in fact the placing of the patient in a condition to attain perfect health. Even in cases where there are inflammatory deposits, the patient is put in the most favorable position to gain benefit, if possible, from constitutional alterative treatment.

In looking over the results of my experience, I may sum it up under the following heads:

1. Many cases of uterine troubles in women who have borne children, are due to an unrecognized laceration of the cervix uteri.
2. A slight unrecognized laceration may cause as much nerve ache and pain as one which is deep and easily detected.
3. The early repair of a laceration will frequently avoid many dangerous and grave lesions which follow neglected or unrecognized ones.
4. The cases which require operation, are more numerous than is generally admitted.
5. The correct treatment of a true laceration is surgical; therapy is of no avail.
6. The presence of pus in the female pelvis alone forbids operative interference. In every other condition benefit may be hoped for, from repair.

The Weekly Medical Review has been sold to Mr. O. H. Dreyer, formerly associated in its publication. J. H. Chambers, the founder of the *Review*, retires to quieter fields of business. Dr. L. T. Riesmeyer will continue as editor, and promises that a softening influence will be instilled into the war-like spirit which has heretofore characterized the columns of the *Review*. We wish success to the new enterprise.

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DEPARTMENTS

PEDIATRICS.

In Charge of HUBERT WORK, M. D., Pueblo, Col.

The Etiology of Diphtheria and Pseudo-Diphtheria.—(Lennox Browne, *Liverpool Med. Chir. Jour.*)—The author discusses the predisposing causes of diphtheria under three heads:

A. *Climatic and Habitation-Surroundings.*—Evidence upon this subject, although profuse, is extremely contradictory and uncertain. It is well known that it is more prevalent in regions in which the soil is clayey and wet. It is more common in temperate than in torrid or arctic climates. It is found in valleys rather than on the hill-tops, and prevails in those months in which the rainfull is greatest. Insanitation, the author believes, may be directly and primarily a cause. He holds also that in cases of diphtheria attributable to contagion or importation, the infectious element is highly influenced in its development by anti-hygienic conditions of individual or local surroundings; and lastly, that such anti-hygienic conditions are not only responsible for the development of diphtheria, but they do unfavorably influence the gravity of an epidemic or of an individual case. Among the reports of forty-five epidemics, evidence of defective sanitation was discovered in 93.3 per cent. The nature of these assigned causes may be classified as follows: Cases due to unsanitary or polluted water, 29; cases due to infected milk supply, 4; cases due to contagion in schools, etc., 11; cases doubtful, 1; total, 45. This proves that milk is not as common a source of infection as it is usually thought to be.

B. *Preceding or Concurrent Epidemics of Other Specific Fevers.*—The fact that scarlet fever is frequently accompanied by true diphtheria is undoubted. The author believes that measles is also complicated by true diphtheria more frequently than is usually supposed. As a complication or recurrent disease of small-pox is most rare, it has, however, seemed to be more common during epidemics of enteric or malarial fevers.

C. *Constitutional Predisposition.* — The author believes with Sir William Jenner, that the influence of family constitution is decided in determining the occurrence of diphtheria. This is perhaps explained to a certain degree by the fact that obstruction of the naso-pharyngeal passages and the occurrence of adenoid growths are more common in certain families. The author is strong in his opinion that diphtheria rarely occurs in a child under seven years, who is not a subject of these glandular overgrowths. In many cases of diphtheria in young adults, tonsillar enlargement will be founp to have persisted. It has been particularly noted in nurses who have taken the disease.

As to the exciting cause, the author accepts unhesitatingly, the Klebs-Loeffler bacillus. He describes in detail this bacilli, and also the various forms of germs which may be found producing so-called mixed infection,

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viz: diplococci, staphylococci and streptococci. In view of the action of these various micro-organisms, he divides diphtheria into three general classes: 1. True, pure, or simple diphtheria. 2. Pueudo- or false diphtheria. 3. Impure or complex diphtheria; or, as Chaillou and Martin have called it, "diphtheria with associations." The second and third classes are further divided, according to the complicating germs present, into ten sub-divisions. Although these complicating germs have a marked influence upon the prognosis, the fact of greatest importance in regard to the mortality of the disease is the age of the patients.

LARYNGOLOGY AND OTOLOGY.

IN CHARGE OF WILBUR W. BULETTE, M. D., PUEBLO, COL.

Laryngologist and Otologist to Pueblo Hospital; to Pueblo Children's Home; to Colorado State Insane Asylum; Member American Medical Association; Colorodo State Medical Society; Pueblo County Medical Society; Honorary Member Philadelphia County and Northern Medical Societies, Philadelphia, etc.

The Benefit to Ear Patients from Nasal Treatment.—Gradle, Chicago, (*Journal American Medical Association*) from observations on this subject, draws the following conclusions: 1. Acute suppurative inflammation of the middle ear, if not treated (locally) has a tendency to become chronic, the tendency increasing with the age of the patient. 2. Chronic suppuration of the middle ear rarely heals without treatment. Neither acute nor chronic purulent otitis is influenced by nasal treatment, but the liability to relapse after their cure is decidedly lessened by the removal of naso-pharyngeal anomalies. 3. Acute catarrh of the middle ear will generally terminate in complete recovery under aural treatment, and sometimes even without it, provided there are no persistent nasal or pharyngeal lesions. But when these are present the disease is more likely to become chronic in spite of aural treatment, and in many instances can either not be cured, or if improved will speedily relapse unless the normal state of the nose and throat is restored. 4. Proliferation or adhesive disease of the middle ear is the consequence of retro-nasal catarrh, and its course is determined by the duration of the disorder causing it. Aural treatment alone is practically useless in this form of trouble, while nasal treatment, if successful as far as the catarrh is concerned, will also arrest the ear-disease. The restitution of hearing, however, depends on the length of time the disease has lasted, and is often aided by ear-treatment after the cure of the retro-nasal catarrh.

Curious Malformation of the Pharynx.—Wolfanden (*Transactions British Laryngological Society*, 1895) reports two cases: First, that of a man, aet. 24, who came to him in November, 1894, complaining of slight sore throat. Examination of the throat revealed a very curious condition. From the posterior aspect of the soft palate to the posterior faucial pillars,

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at each side, and attached below apparently to the glosso-epiglottic ligaments, was a fleshy septum completely cutting off the naso-pharynx from the oro-pharynx, hiding the posterior and lateral pharyngeal walls and almost cutting off the œsophagus from the pharynx, except that there was an arched opening just above the epiglottis which, though only wider than the epiglottis and only ⅜ of an inch from top to bottom, apparently allowed the passage of food perfectly. There was an opening from the pharynx into the naso-pharynx by a slit, vertical in direction, and in a state of repose constantly open, which lay behind the uvula. The membranous web was not apparently attached to the posterior pharyngeal wall at all. It was fairly thick and of the color and appearance of normal mucous membrane, smooth, moist, and red. The patient was robust, well grown, and in good health, and had no history of syphilis, diphtheria, or antecedent ulceration. There was no dyspnea or dysphagia, and never any symptom to attract his attention. He himself was inclined to think it was a congenital anomaly in the absence of any antecedent condition to account for it. The second case was a young girl, aet. 15, who had a membranous web extending right across the throat from behind one posterior faucial pillar to the other side, free above, but attached below to the posterior pharyngeal wall about the level of the epiglottis. The entrance into the œsophagus was quite free and so was that into the naso-pharynx, but the membrane formed with the posterior pharyngeal wall, a kind of pouch extending from one side to the other, into which a probe or tampon could be introduced. As in the preceding case there was no history of syphilis or diphtheria, nor of any antecedent ulceration of the throat. The author was disposed to think this case was also congenital.

Tincture of Iodine in the Treatment of Chronic Suppurative Inflammations of the Ear.—At a recent meeting of the New York County Medical Society Dr. Hoover read an interesting paper on this subject, which was freely discussed by members present. The author concludes that the curative results of this treatment had been striking, as shown by a number of illustrative cases. The applications should be made two or three times a week with a probe wrapped with cotton. There is no pain attending the applications, and the burning sensation ceases entirely when the air is shut out by a pledget of cotton. (*Medical Record*, July 6, 1895.)

The Presence of the Tubercle Bacillus in the Nostrils of Healthy Individuals.—(Strauss, in *Archives Kinderheilkunde.*)—The author examined the secretion from the nostrils of healthy persons who had lived in close contact with the tuberculous, and found virulent tubercle bacilli. Guinea pigs were inoculated, and the presence of the bacilli proven. The nostrils of twenty-nine persons were examined, the tubercle being found in nine.

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PATHOLOGY AND BACTERIOLOGY.

In Charge of E. B. LA FEVRE, A. M., M. D., Abilene, Kansas.

GOUTY PAROTITIS.

D'ESTREES reported to the Philadelphia Society for Clinical Research (*University Medical Magazine*, March, 1895) two cases of gouty parotitis which had come under his observation, the only two with which he had met in a large experience among gouty subjects since 1868, at the watering place, Contrexéville, France, but remarked that he had collected a dozen unpublished cases from various French and English physicians.

The first was that of a gentleman 63 years of age, whom he saw in consultation with Dr. Buequay, of Paris. The right parotid was hot, red and swollen, and gave him intense pain. External applications bringing no relief, d'Estrees suspected its gouty nature, and remarked that "two days later the parotid was flat, and a regular fit of gout had invaded the left knee." Afterward the left parotid became involved, leaving the latter to invade the right knee.

The second occurred in a man 54 years of age, and was preceded by an attack in the wrist of the same side. The attack yielded to gouty treatment, and examination showed it to be loaded with the urates.

CULTIVATION OF THE GONOCOCCUS ON ARTIFIVIAL MEDIA.

Recently two articles have been published detailing the results of efforts having for their object the cultivation of the gonococcus on artificial media, and with apparently complete success in both instances. From this work it would appear that we will soon be able to readily and satisfactorily apply the culture test in determining the relationship existing between the gonococcus on the one hand, and some of the affections that are now believed to depend upon metastatic infection from the urethra on the other.

Turro (*Central fur Bakt. und Parasit.*, No. 1, 1894) found he could cultivate the gonococcus on the ordinary nutrient media of an acid reaction, acid urine being a favorable medium. As other bacteria will not grow in a medium so strongly acid, it is an easy matter to obtain a pure culture of the gonococcus from materials containing them.

The gonococcus grown in this way was inoculated beneath the prepuce or within the orifice of the urethra of dogs and caused a severe inflammation of the mucous membrane, with a purulent discharge which extended upwards to the bladder and kidneys, and sometimes caused a general infection. From such cases gonococci were obtained like those in the original cultures from the human subject, but slightly smaller. The virulence for dogs was lost by changing the culture to a non-acid medium.

Wright, (*American Journal of the Medical Sciences*, February, 1895) following the method of Steinschneider, grew the gonococcus from "seven cases of gonorrheal urethritis, eight cases of ophthalmia purulenta, four cases of pyosalpinx, and from one case of vaginitis in a child," on a mixture of

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urine, blood-serum and nutrient agar, and in every case obtained a typical growth of an organism which answered every morphological characteristic of the true Neisser gonococcus, although this experimenter did not inoculate the human urethra with any of his cultures.

The following is a description of his method of preparing the culture soil as given by the author: "The method of preparation of the medium, however, differs from Steinscheider's in that instead of collecting the blood-serum and urine under aseptic precautions and preventing their contamination, these constituents were collected without any special care whatever, and were freed from bacteria by filtration through unglazed porcelain. This filtration has been found to be perfectly feasible, and greatly lessens the amount of labor and skill required in preparing this culture material. Both human and ox-blood serum have been employed, the latter evidently serving quite as well as the former. The details of the method are as follows, although they have been departed from at times in non-essential particulars:

A litre of nutrient agar (beef infusion) is prepared in the usual manner, and after filtration is evaporated to about 600 c.c. This concentration is desirable, so that after the dilution with urine and serum the medium may be sufficiently firm. This concentrated agar is then run into test tubes, and the whole sterilized by steam three times. The quantity of agar placed in each tube is smaller than is usual in order to allow for the subsequent addition of the urine and serum.

The blood-serum, which need not be free from corpuscles, is first passed through white sand, which is supported in a funnel by filter paper in order to remove as much as possible any particles in suspension, and is then mixed with half its volume of fresh urine. This mixture of urine and blood-serum is next filtered by suction through an unglazed porcelain cylinder into a receiving flask, such as chemists use for similar purposes, by means of a water vacuum pump. This frees the mixture from bacteria. Afterwards the usual precautions are taken to prevent contamination of the filtrate.

To the agar in each test-tube, which is fluid and of a temperature of about 40° C., there is added about one-third to one-half its volume of the filtered mixture of urine and blood-serum. This is conveniently accomplished by pouring the mixture from the receiving flask through the lateral tube, inserted near its neck, directly into the tubes. The melting of the agar is best effected in the steam sterilizer in order that any organisms which have found lodgment in the cotton plugs of the tubes may be destroyed. When the agar is melted it is cooled and kept fluid by placing the tubes in a water-bath at 40° C. Each tube, after the addition of the urine and serum to the fluid agar, is quickly shaken to assure a good admixture, and is then placed in a slanting position to allow the agar to become solid, and thus to form a slant. When the medium in the tubes has solidified the tubes are placed in the incubator for about twenty-four hours to test for contaminations, after which they are ready for use."

THE DETECTION OF TUBERCLE-BACILLI IN SPUTUM.

Amann (*Centralblatt fur Bakt. und Parasit.*, Band XVII, No. 15, p. 513) details the methods for the detection of tubercle-bacilli in sputum that

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he has come to prefer as the outcome of an experience of twelve years. The sputum is first poured into a strong glass cylinder having a capacity of 100 c.cm., and diluted with from two to four volumes of cold distilled water, so that the cylinder is about half filled. Then 1 c.cm. of chloroform and a small quantity of perfectly clean shot of moderate size are added. The cylinder is tightly closed and actively shaken for several minutes. In this way the sputum is converted into a perfectly homogeneous solution. It is now further diluted with from four to six volumes of distilled water, and is poured into a specially constructed U-shaped glass cylinder (20 cm. high and 50 mm. in diameter) for the purpose of sedimentation. The caliber of this tube grows progressively smaller, so that it is but 2 mm. at the bottom. To the sputum-solution is added 2 c.cm. carbol-fuchsin solution. and the two are quickly intermixed by gentle shaking. The apparatus is then closed by means of a rubber stopper perforated through the middle, through which passes a hard-rubber or bone tube. The process of sedimentation is permitted to continue for two days, although sometimes twenty-four hours suffice. The sediment is received into a watch-glass or other receptacle, and a portion is used for a study of epithelium, fibres, and the like, while a second portion is used for the study of tubercle-bacilli. The collected sediment is spread in a thin layer upon several glass slides which are dried at the ordinary temperature, when they are fixed either by careful heating or exposure to equal parts of absolute alcohol and ether. The preparation is now stained with carbol-fuchsin (1 gm. fuchsin is well rubbed up with 5 gm. of liquid carbolic acid—80 per cent—and 99 c.cm. of hot distilled water added). Of this solution several drops are placed upon a clean slide and the exposure continued until the fluid has cooled. Decolorization is effected by exposure for from half a minute to one minute to a 20 per cent solution of sulphuric acid saturated with picric acid. The preparation is now washed in water until its acid reaction disappears. It is next treated with a solution of fluorescin 15 gm., crystalized methylene-blue 15 gm., and absolute alcohol 500 c.cm. After the red color has disappeared the preparation is washed with absolute alcohol and then in water. As a counter-stain a diluted watery solution of malachite-green may be employed, to which the preparation is exposed for about a minute, and then washed in water. The slide is now dried and may be studied, or if it is to be preserved, it may be covered with dammar or balsam and a cover-glass.—*Abstract in Medical News, June 15th, 1895.*

PATHOLOGIC DISLOCATION OF THE FIRST CERVICAL VERTEBRA FOLLOWING CARIES.

Lichty (*Medical News*, June 29, 1895) reports a case presenting the following conditions on autopsy: Male, white, aged 27 years. The body was fairly well nourished; the muscles of the arms and legs were not well developed. and the deltoid muscles were especially atrophied; the muscles of the neck were very well developed and the sterno-cleido-mastoid stood out prominently.

No scars were found on the scalp, and the calvarium was free from any signs of old fracture. The dura was thickened throughout, and hard

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and resistant upon cutting, and at various points the meninges were closely adherent to the brain substance. At the base of the brain and anterior to the pons there was an extensive external purulent meningitis. In both fissures of Sylvius the meninges were closely adherent throughout. The brain substance was normal in every respect. The lateral ventricles were filled with a cloudy fluid. Upon examining the base of the skull the odontoid process was seen projecting through the foramen magnum. Flaky pus welled up from the spinal canal. The transverse ligament was entirely absent and the odontoid process pinned the cord back against the posterior edge of the foramen magnum. The first cervical vertebra seemed almost entirely destroyed by the carious process, and what was remaining had been displaced forward. The cord was flattened out, having only about one-half its normal antero-posterior diameter. The membranes of the cord were intact. No tubercle bacilli could be demonstrated in the pus. The pathologic diagnosis was cervical Pott's disease, involving the first and second vertebræ, with a purulent external pachymeningitis.

There is a history in the case of a head injury due to falling down a flight of stone steps, at the age of three years, followed immediately by a convulsion, and afterwards by severe headaches. At the age of twelve years he began to have epileptiform convulsions, which continued until he was nineteen years old, when he ceased to have convulsions, but began to suffer from stiffness and neuralgic pain of the neck. This latter continued to increase, and some time prior to death he developed stiffness of jaw, inability to voluntarily move the head and masticate his food, and on the third day before death he became weak and paralyzed all over, which latter condition gradually increased until paralysis of respiration ensued.

Argon, the New Element of the Air.—The following is a synopsis of the lecture delivered by Professor Hinrichs, before the Alumni Association of the St. Louis College of Pharmacy, on March 29, 1895: The recent publications of Lord Raleign and Professor Ramsey of the experimental data which establish the existence of the new element, argon, in the air, were exemplified by experimental demonstrations. The removal of oxygen from the air, and the absorption of the remaining nitrogen by red hot magnesium was shown, and the residual air, rich in argon, was collected over mercury in an improvised mercurial air pump. The absorption of the nitrogen having proceeded at the rate of about one cubic centimeter a minute when most rapid, the complete removal of the nitrogen is very tedious and laborious. The famous experiment of Cavendish, in which nitric acid is produced by a shower of electric sparks passing through atmospheric air, was also exhibited in a new form, specially devised for this lecture. It was pointed out that Cavendish, fully a century ago, had in his hands a small amount of this new element, argon, as the final residual of air from this experiment, and amounting to about one per cent of the air taken. This agrees with the determinations of the recent discoverers of argon. The fact that these important discoveries had all been made by English scientists, was used by the lecturer to repel the arrogant assertions made in a recent publication of one of the most noted new scientific establishments of the

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German Empire. The lecturer declared that this work of the English scientists again showed that the country which has produced Newton, the greatest scientist of modern times, is today, second to no other in scientific work of fundamental importance, though the bulk of scientific publications is much greater in Germany. Dr. Hinrichs, as a native of Germany, expresses his regrets that German chemistry today was less thorough than

PROFESSOR HINRICHS.

formerly, and mainly industrial; and as an instance he cited the fact, that German chemists, without exception, had adopted the errsneous atomic weights of Stas, and accordingly falsified their own analysis in the reduction. The deplorable fact that at many of our colleges even sophomores are wasting their time on special studies, when they ought to lay a broad and deep foundation, was by Dr. Hinrichs, also ascribed to the imitation of the extreme specialization in German schools which had already been condemned by the eminent chemist, Colbe, of Leipzig, a quarter of a century ago. In conclusion, the lecturer showed teat this new element, argon, seems to be the first one of a new genus, for which he had published the general formula as far back as 1874, and that Lord Raleigh found the atomic weight of nitrogen, freed from argon, to be fourteen, thus confirming the results of Dr. Hinrichs in his recent work, and disaproving the value of Stas, and thereby adding another important confirmation to the doctrine of the unity of matter.—*Meyer Bros. Druggist.*

A New Introducor and Extractor for Intubating the Larynx.— This introducor and extractor for intubating the larynx has been devised by me with a view to simplify the ingenious, but somewhat complicated and cumbersome apparatus at the present time in use. The introducor consists of a metallic ring, fitting closely the end of the index finger. Underneath the ring the obturator, which is made of flexible steel, is attached by means of a spring catch. The head of the tube is supplied with a wire rim, as shown

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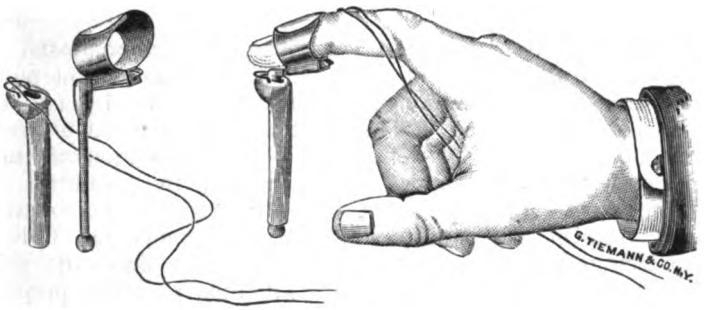
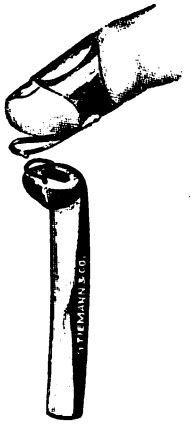
in the appended cut. The string drawn through the wire rim and passing to the right of the index finger, and being held by the third and fourth fingers against the palm of the hand, keeps the tube attached to the obturator. By releasing the string after accomplished intubation, the obturator need only be lifted out of the tube and the operation is completed. The removal of the tube is accomplished by the extractor, well shown in the cut, and which consists of a metallic ring with a small hook attachment. Lift-



ing the epiglottis, the wire rim can be easily felt by the tip of the finger, which has been left free for the purpose of sensation. A slight pass of the finger, and the hook is caught into the wire rim, and the tube is removed. The advantages claimed for this introducor and extractor are their simplicity, and hence smaller cost and lesser liability of getting out of order. The tube being attached to the end of the index finger is directly under the sensation of touch, and hence can be manipulated with greater delicacy and the direction of its course can be better determined according to necessity. The obturator has been made flexible for the purpose of avoiding its catching and extracting the tube after it is once well in the larynx, as has frequently happened to beginners. After the tube is in the larynx, the simple release of the string disattaches the obturator from the tube and thus a few seconds of valuable time are saved, that otherwise would be spent in pushing the tube off the obturator. The extractor is, above all, harmless. After a few failures no harm has been done, which is more than can be said of the old instrument, where failure must needs be accompanied by trauma to the parts. The wire rim will in no way interfere with the function of the tube, nor in swallowing, as has been demonstrated in one case in which the instrument has been in use. Both the introduction and extraction were accomplished without any difficulty, although at the time the mechanical details were not yet completed. The child got well and apparently recovered its voice sooner than I have been accustomed to see it heretofore. Thanks are due to Mr. L. Pfarre and Mr. F. A. Stohlman, of the firm of Tiemann & Company, for the splendid mechanical details and fine execution of this apparatus. N. B.—Since giving this out for publication several important modifications and improvements have



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been made. Among others, one causing the obturator to spring automatically out of the tube after releasing the spring. They will be fully described in the near future, and a list of cases in which it is hoped the apparatus will have been used will be appended.—*David C. Lewinthal, M. D., in the New York Medical Record.*

The Hypophosphites in the Treatment of Tuberculosis.—In an exhaustive paper on the treatment and hygienic management of pulmonary tuberculosis, Dr. W. E. Anthony, of Providence, R. I., (*N. E. Med. Monthly*) concludes as follows: "The most rational method of treatment, and the one advocated by Dr. Churchill, is the exhibition of the single salts of hypophosphites of lime, soda or quinia, the condition existing governing the choice. They should never be used in combination and always in the form of a syrup, in which solutions only can they be preserved from changes due to atmospheric influences. The salts should be chemically pure and the solution neutral. The most available preparations, and the only ones which meet every indication are Gardner's syrups of chemically pure hypophosphites. When failures have resulted from the treatment of tuberculosis with hypophosphites, it has generally been because they have not been used properly. To obtain the best results certain rules should be observed: 1. The hypophosphites of soda, lime and quinia are the only ones indicated. 2. The hypophosphites must be chemically pure. 3. They must not be combined for use in phthisis. 4. Soda is generally indicated in the incipient stage. 5. Lime is generally indicated in the second and third stages. 6. Quinia is indicated in the initial treatment of advanced cases to be followed by lime or soda later. Soda favors expectoration; if too free lime should be substituted. Lime reduces expectoration; if cough ensues soda should be used. 7. The maximum quantity to be given in twenty-four hours is seven grains. If the patient is weak or emaciated the commencing dose should be one grain gradually increased. No other drug should be given with the hypophosphites. In treating complications the hypophosphites should be discontinued. Stimulants are contra-indicated with Gardner's syrups."

Colorado State Medical Society.—The twenty-fifth annual meeting of the Colorado State Medical Society was held in Denver June 17, 18, 19 and 20 inst. The following officers were chosen for the ensuing year: President, J. B. Perkins, of Denver; First Vice-President, E. R. Axtell, of Denver; Corresponding Secretary, A. J. Robinson, of Aspen. The meeting was the largest the society has ever held. Prof. Victor Vaughan, of Ann Arbor, and Prof. John Ridlon, of Chicago, read papers before the society.

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THE MEDICAL HERALD

A PRACTICAL MONTHLY JOURNAL OF THE MEDICAL SCIENCES.

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EDITORIAL

HIGHER MEDICAL EDUCATION.

The objectionable work done by not a few of the medical schools of the country has excited a very wide interest, as well as a determination on the part of the profession in every section of the land, to inaugurate an effort toward placing the profession of medicine before the country in a light that will evoke the admiration it ought to enjoy on the part of the most intelligent and considerate in every community.

With some such purpose in view, Dr. Perry H. Millard, of St. Paul, Minn., read a paper before the American Academy of Medicine at its last meeting in Baltimore, which met the cordial approval of that body. We give a few extracts from the paper to show the drift of the article. As showing the advantage to the medical student of a preliminary collegiate course, he says:

"Persons contemplating medicine as an avocation should give the scientific branches particular attention in preparation. A thorough course in the scientific department of our better equipped colleges or universities will permit of the successful accomplishment of the course now provided in the four years' curricula in a period of three years."

In cases in which a scientific course has not been taken in a college or university, he says:

"The determination of the fitness of the student to commence the study of medicine should be placed in the hands of a body of men entirely disinterested. I know of no body better qualified to superintend the execution

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of this important trust than a state board of medical examiners. If not such a body, then a committee composed of members of a faculty of a college or university. * * * * *"

"Having submitted satisfactory evidence of preliminary fitness, only such persons should be admitted to undergo the professional test as have received their courses of professional education at schools of medicine whose curricula of requirements are acceptable to the respective boards. A minimum of requirements, both as to time and teaching facilities, is as essential in measuring professional fitness as it is for similar purposes in universities, colleges, and our public school system. A school should not be recognized unless it is working under a minimum that will assure the graduation of a class of persons that can safely be entrusted with the care of the sick. In arriving at a conclusion upon this most important function, I desire to particularly impress upon the members of these boards the fact that medicine, as at present understood and practiced, is radically different from that of a few years ago. To comprehend requires years of study and a training in laboratory methods and surgical technique that can only be grasped when afforded by a person trained in methods of medical pedagogy. The clinical and laboratory facilities of many of our schools are shamefully inadequate. Several colleges known to the writer having operated for years with substantially no assets. It is the duty of each board to enquire fully into the facilities of each school represented by graduates who are applicants for degrees."

On the subject of medical legislation, he suggests the following:

"The essentials of efficient legislation will incorporate the following features:

1. The adoption of more rigid rules governing the admission of students to medical schools.

2. The determination of the applicant's fitness to practice by an examination upon all the branches of medicine.

3. The right to refuse or revoke licenses for unprofessional or dishonorable conduct.

4. An adequate penalty for violation of the provisions of this variety of legislation.

5. The boards of examiners to be appointed by the Governor, with proportionate representation by different schools of practice. In support of demands for an adequate entrance requirement, it is conceded that medicine is now more nearly practiced from a scientific basis than at any time in its history. Without adequate preliminary fitness, the broad field cannot be grasped nor its practice entrusted to persons without well trained minds."

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A course running through four terms of collegiate instruction, and consisting of six months each, has been prescribed by the Association of American Medical Colleges, and made binding on all its members. This is in advance of many of the State Boards of Health, and creates an embarrassment for medical colleges located in such states.

It may be thought presumptious in any *individual* to call in question the wisdom of so learned a body as the Association of Medical Colleges, when that action is considered in connection with the educational requirements prescribed for the matriculant; nevertheless, we venture the opinion that the required higher education should be that made necessary to begin the study of medicine. With the present preliminary requirements as respects an education now prescribed by the Association, a four-terms course will not correct the evil so widely complained of, nor be, really, a *higher* medical education. It will be simply a more prolonged one, with the advantage that it will give to the student.

What is primarily needed as necessary to a more complete medical education is the literary and scientific education that all should have who contemplate the study of so difficult a science and art as are medicine and surgery. Young men should begin the study with a trained mind and with well equipped acquirements obtained in the colleges of the arts and sciences, a smattering of which is already included in the educational requirements prescribed by State Boards of Health, following in this the Association of Medical Colleges; requirements which may be compared to the 4th Reader when the 6th is the complete one, and even that is only a step or two on the road.

The Association realizes the importance of a higher preliminary educational requirements for matriculants, and offers a premium for the degree of A. B., by providing that such may enter the graduating class in the third term of the didactic course. When this degree shall have become universal, then the medical profession may again be classed among the learned professions; and then we may reasonably expect that quackery will largely decrease. A liberal education inspires self-respect and a proper degree of pride, and thus places one above the temptations to which smaller men yield too ready an obedience. Laws are made for evil-doers, and to instruct the good as to what is required of such; but one who has been reared as a gentleman and has the instincts of a gentleman needs no law of restraint or incentive. His instincts lead him in the paths of rectitude and gentlemanly conduct. A liberal education with good associations are the ground-work of the reputable and noble-minded physician; without these, no number of terms of a medical course will save him from the temptations of an unholy ambition and the love of money-getting.

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ST. JOSEPH & GRAND ISLAND R. R. SURGEONS.

The Society of the Surgeons of the St. Joseph & Grand Island R. R. had an exceedingly pleasant meeting on July 18th, at St. Joseph, Mo. The attendance was good, the papers were excellent and the discussions full, free and tart. Interest was not allowed to flag at any time during the proceedings. Dr. Garner, the President, gave the members a ride over the city, which was a very pleasant feature of the meeting and greatly enjoyed by all. Several members were present who had never before attended a meeting. These gentlemen were particularly delighted and expressed their determination to be present at all subsequent gatherings. The members of this Society are earnest, active men who are interested in their life work. They show this in every possible way. The papers read will appear in THE HERALD in due time. DANIEL MORTON, Secretary.

DR. E. W. PALMER—A TRIBUTE TO HIS MEMORY.

Dr. E. W. Palmer, of Louisville, Kentucky. was killed on July 5th, in a bicycle accident on one of the beautiful boulevards of that beautiful city. He sustained a fracture at the base of the skull, and five hours after the receipt of the injury was a corpse. His sudden taking off was a great shock to all who knew him. Vivacious, good natured, full of rolicking fun, smiling at this one as he passed, stopping long enough to speak a pleasant word to that one whom he met upon the street, Dr. Palmer was always and everywhere an agreeable man. In fact, he was the life of every company in which he moved. Possessed of an endless fund of wit, endowed with a good voice for singing, extremely happy in repartee, an after-dinner speaker of great ability, he always gave pleasure to his companions. His ability as a lecturer was of a superior order. The students flocked to his lectures and considered them a recreation instead of a task. He had, in a marked degree, the ability of presenting dry subjects in an entertaining manner. He was a keen, close observer. He knew the students by name, and could point out the peculiarities of each before the session closed. All of them liked him and when trouble came Palmer was always ready to assist. He was truly a man who drew other men to him. It is hard to think of him as cut down in the fulness of his rounded career; hard to think of his piercing eye glazed with the film of death; hard to think of his ringing voice stilled forever; hard to think of his pleasant face, once so expressive with the play of emotions, rigid and stiff in its pallid whiteness. The friends who knew him will mourn his death. The writer feels that this slight tribute is poor return, indeed, for many acts of kindness and for many words of encouragement. DANIEL MORTON.

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MEDICAL SOCIETY OF THE MISSOURI VALLEY.

The approaching meeting of this Association, in Council Bluffs, Iowa, September 19th, promises to be one of unusual interest, and an excellent program is being prepared by Secretary Thomas. It will appear in the next issue of THE HERALD. A new feature will characterize this fall meeting in the shape of a delightful excursion to the Hot Springs of South Dakota, concerning which we have received the following letter:

SECRETARY'S OFFICE, COUNCIL BLUFFS, IOWA, Aug. 1, 1895.

EDITOR MEDICAL HERALD:—An excursion to the Hot Springs, S. D., September 19th, has been tendered the members of the Medical Society of the Missouri Valley, and their wives, by the F. E. & Mo. Valley and the B. & M. Railway Companies.

This outing will occur during the annual meeting of the Society at Council Bluffs, Ia., leaving on the afternoon of September 19th and returning the 22d.

The excursion will be under the charge of Dr. D. Macræ, to whom application for Pullman berths must be sent, and to whom a remittance of $3.00 must be made to secure the same.

The total Pullman car expenses for (double) berth will not exceed $10.00 for the three days. All arrangements must be completed prior to September 1st. DR. F. S. THOMAS, Secretary.

We hope to see a large attendance of members, and none should neglect to bring their wives, sweethearts, and children, and enjoy the treat so generously furnished by the railway companies. A HERALD representative will accompany the special train to see that all happenings of note are duly reported in book form. Send in your names at once and secure your berths in the special Pullman sleepers.

A VOICE FROM THE SOUTH.

23½ WHITEHALL STREET, ATLANTA, GA.

EDITOR MEDICAL HERALD:—From the present outlook, the "Cotton States and International Exposition" will be one of the "events" in the history of our country, and especially of the South. Realizing the immense number of physicians who will be present, from all parts of the United States and other countries, I have decided to offer my mite of Southern hospitality to my visiting brethren. Therefore, I extend a cordial invitation to any physician who may visit our city, to make my office his headquarters. Send mail, telegrams, etc., in my care, and I will cheerfully engage rooms, etc., in advance for any one if advised to do so. The only request I make is to enclose postage for letters of inquiry, which will be cheerfully answered. For any services I may render no fee, commission, or any perquisites whatever, will be received or expected.

Fraternally yours, GEORGE BROWN, M. D.

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THE MITCHELL DISTRICT MEDICAL SOCIETY.

The Mitchell District Medical Society lately held in the Opera House at West Baden Springs, Indiana, was a very interesting and successful meeting. The attendance was large and many interesting and instructive papers were read. There were visitors from Chicago, Cincinnati, Indianapolis, Louisville and St. Louis, among them Dr. Lanphear, of St. Louis, who read a paper on "Some Surgical Sins;" Edmund Andrews, M. D., LL. D., of the North Western University, Chicago; Jas. H. Etheridge, A. M., M. D., of Rush Medical College, Chicago; Dr. Ferdnand Henrotin, of the Chicago Polyclinic; Wm. L. Rodman, B. S., M. D., of the Kentucky School of Medicine, Louisville; Thos. H. Stucky, M. D., of the Hospital Medical College, Louisville; Joseph H. Eastman, M. D., LL. D., of the Central College of Physicians and Surgeons, Indianapolis; and Joseph Ranschoff, M. D., F. R. C. S., of the Ohio Medical College, Cincinnati.

The officers for the ensuing year are Edmund Andrews, M. D., Chicago, President; G. W. Burton, M. D., Mitchell, Secretary; W. V. Morgan, M. D., Indianapolis, Corresponding Secretary; Samuel Kennedy, M. D., Shelbyville, Ind., Chairman of Committee on Program.

The next meeting, a special one, will be held at Bloomington, December 26th and 27th, 1895.

The Physician's Library.

A HAND-BOOK OF MEDICAL MICROSCOPY FOR STUDENTS AND GENERAL PRACTITIONERS, including chapters on Bacteriology, Neoplasms, and Urinary Examinations; By James E. Reeves, M. D. P. Blakiston, Son & Co.

This excellent book of 237 pages can but be of interest and profit to all users of the microscope. If one is a beginner in microscopy, he can illy afford to be without it, as it gives practical instruction for the manipulation of the instrument, and the preparation of objects to be studied. The author having taken up the study of microscopy without the aid of teachers, knows full well the difficulties in the way of practical microscopy, and therefore, gives practical instruction to those following the same course. The adept in histological technique will get value received from the book, the single chapter on section cutting and the preparation of tissues for observation being worth the price of the book. While the work is not exhaustive, and the style somewhat dogmatic, it is well worth a place in the library of every working microscopist.

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SOCIETY GATHERINGS

MISSOURI STATE MEDICAL ASSOCIATION.

Proceedings of Thirty-eighth Annual Session, Hannibal, May 21, 22, 23, 1894.

Officially Reported for THE MEDICAL HERALD.

Mergenthaler Typesetting Machine.

[CONTINUED FROM PAGE 369.]

DR. C. LESTER HALL, of Kansas City, spoke in favor of exploratory abdominal section and also of catheterization of the tubes. He believed with Dr. McIntyre that there are entirely too many men trying to do abdominal surgery. There are now too many careful, skillful, experienced operators in every part of the country to justify the inexperienced operator in attempting to do other than emergency work. Abdominal surgery is not as easy and successful as it has been pictured; and the sooner the majority of doctors learn to keep out of the belly the better it will be for humanity. He condemned the short incision as it is best to make an opening sufficiently large that when the patient is placed in the Trendelenburg posture the operator can see as well as feel the condition he has to contend with.

DR. C. C. MORRIS, in replying, said the present tendency on the part of gynaecologists is to drift toward non-interference in many of the cases heretofore regarded as strictly operable. As to Dr. Lanphear's objections to catheterization of the Fallopian tubes, if one is very careful there is not so much danger as he claims and as to the cure, of course care has to be taken in the selection of proper cases. Where there is only one chamber—one cyst—of the tube containing the serous fluid catheterization may permanently relieve it by establishing constant drainage. Ignipuncture through the vagina has also been recently suggested. Resection of the ovary is certainly growing in favor.

DR. J. N. M'INTYRE, in closing, remarked: I was an army surgeon and general practitioner for many years before I engaged in my specialty of abdominal surgery, and it is in retrospection at my own incompetency of a few years ago that determines my assertion in regard to the inability of the general surgeon to compete with the specialist in abdominal and pelvic surgery. Their statistics cannot be so good as those of the man who does nothing but special work—just as the general surgeon cannot compete with the ophthalmologist in the extraction of cataract Antiseptic must be kept out of the abdomen, with the exception of mild solutions of peroxide of hydrogen which may be employed for washing out the pelvis when a pus tube has been ruptured. So far as the mania for belly-cutting is concerned it cannot be too strongly condemned and the same is true of purely exploratory laparotomy. In the hands of an experienced operator like Dr. Lanphear it is perhaps all right, but it is never justifiable in the work of beginners. We recently had presented at our local society a report of seven cases subjected to laparotomy with five deaths. This was the work of an amateur. Would those pleading for general practitioners to operate call this a good showing? Certainly not. The probabilities are that had an experienced operator done this work all seven patients might have been saved. Five lives sacrificed to the ambition of an inexperienced surgeon! And these were mostly exploratory operations. It is to be granted that in a measure most laparotomies are exploratory, as Dr. Lanphear says, but an experienced operator knows pretty definitely what is in the abdomen he is to open and goes prepared to remove anything which it is possible to take away—not merely to see what is there and then close the belly up, doing nothing. Regarding the short incision mentioned by Dr. Hall, the consensus of opinion is in favor of the

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shortest cut compatible with the work to be done; the object to be sought being removal of the tumor or correction of any visceral lesion without bruising the tissues. There should be no pulling or straining upon any abdominal or pelvic organ or growth. For simple oophorectomy a two-inch incision is amply sufficient, while an eight inch one would be wholly unjustifiable. The surgeon should feel, not see, what he is doing in the pelvis in such cases,

DR. R. H. GOODIER of Hannibal, read a paper entitled: "The Physiology of Quickening." This term is usually defined as simply the period of pregnancy when motion of the foetus is first perceptible, without any explanation as to the cause of this motion or reason why it appears at this particular time. What is it? This query has been variously but not very satisfactorily answered. It occurs from the 12th to the 18th week of pregnancy —some say as early as the 10th week, but in the latter cases it is probably purely imaginary. By some it has been claimed that this symptom marks the point where life begins in the foetal existence; but this is obviously not true since there has been cell-life and cell-movement from the very first day of fecundation. This, however, is sentient movement, muscular contractions on the part of the foetus that until now has remained quiescent. Now it occurs as the result of a direct stimulation from the blood. The explanation of the difference of time in its appearance is therefore easily made by the extent of placental development; as soon as the placenta reaches a certain stage of growth this direct stimulation is effected. Quickening may then be said to comprehend the physiological process of establishing the foetal circulation, and its sequence: foetal movement. This may be present as early as the 12th week if the placenta grow rapidly or delayed until the 18th if it develops very slowly.

DR. I. N. LOVE said: As one who has for years been engaged in teaching in the department of physiology or allied branches I feel like complimenting the author of this paper, and congratulating the members of this association, upon the excellent character of the address just read. There is a scarcity of such papers. As chairman of the section of Physiology in the American Medical Association some years ago I could not get enough essays to make the section a success—authors do not like to write upon physiological subjects. This is a mistake for physiology is practically the basis of all scientific medicine, particularly in regard to rational therapeutics. For having departed from the usual rut of papers presented before this and kindred bodies the essayist deserves our thanks. Certainly there is nothing in his assertion to be controverted; so discussion is not possible.

DR. W. H. MAYFIELD, of St. Louis, reported "Three hundred and thirty-one Lacerations of the Perineum with Operations, and Remarks Thereon," presenting a number of oil paintings representing an operation claimed original—so performed as to give no traction on the perineal muscles when completed and to allow complete abduction of the thighs during convalescence. He insisted upon deep dissection in every case so as to restore a muscular perineum instead of one consisting of only mucous membrane. skin and cicatrix as so often secured by the methods of Tait and Emmett. This operation has been recently declared original with Bergmann—but it is a St. Louis product. He advocated double operation at one sitting—that is, repair of tears of the cervix and of the perineum at the same sitting instead of in two operations. All work should be done under constant irrigation of bichloride solution. When the gut is also torn, the operation must be done in two steps—one to close the rectum and one to repair the perineum. He declared rupture of muscular tissue of the perineum frequently torn through during labor without injury to skin or mucous membrane. Such cases require surgical treatment just as much as do other ruptures of this region. Vaginal tears far up that organ are also quite often produced and should also be sought and corrected in every perineorrhaphy—otherwise the ultimate results will not be satisfactory. Even small lacerations of the perineum should be repaired as they may give rise to pronounced nervous phenomena. Excessively dilatable vaginas

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are sometimes met and should be subjected to colporrhaphy if not perineorrhaphy. By timely operation in such cases the surgeon might oftentimes prevent the occurrence of certain sequelae which ultimately requires removal of the tubes and ovaries with their consequent unsexing of the patient—often described as a mutilating operation. For this reason perineoplasty offers a vast and not sufficiently worked field in operative surgery. By closer attention to this work much suffering might be averted by preventing some of the distressing sequelae, the chief of which are (1) nervous phenomena; the cause often overlooked; giving rise to neurasthenia if nothing worse, (2) Interference with the physical function of the vagina, giving rise to martial infelicity, domestic unhappiness and too often permanent separation of people who might be rendered happy by the surgeon, and (3) Prolapsus of the uterubladder and rectum with their attendant discomfort.

DR. I. N. LOVE: There can be no question as to Dr. Mayfield's claim to priority in the operation he advocates. This statement is made because recently another operator has declared himself the originator. Some of Dr. Mayfield's cases were reported to the St. Louis Medical society at least five years ago, long before anyone else had ever attempted this method. Justice to Dr. Mayfield demands recognition of his rights to whatever praise is deserved for this mode of treatment of lacerations of the perineum. This paper illustrates several important points. In the first place it demonstrates the advantage the surgeon has over the general practitioner. He comes with his pictures showing exactly what he does—we can see it; and he tells of the excellent results and can exhibit the perinei if we doubt his statistics; he can report a series of brilliant cures—333 cases—magical number!

DR. MAYFIELD: Only 331.

DR. LOVE: Well—still the luck of odd numbers. Just think of it! Three hundred and thirty-one cases of lacerations of the perineum without a failure in any case. It certainly is a marvellous record and can scarcely be duplicated, since all this work has been done by him since he became superintendent of the Missouri Baptist sanitarium, just a few years—six or seven. The report shows that the Baptist female perinum is usually taut and easily torn (laughter) or that the author of this paper repairs lacerations of the cervix and perineum that other doctors would not regard as of enough importance to sew up. The paper also forcibly demonstrates the value of antiseptics in such work.

DR. J. H. McINTYRE: I wish to enter a protest against the double operation—that is repairing a laceration of the cervix at the same sitting as operation for a torn perineum. For in removing the stitches from the cervix the newly formed tissues between the raw surfaces of the perineum will be torn apart and all the work upon it come to naught. The cervix should be operated upon first; then when the sutures are removed the perineum can be repaired. In the latter operation our object should be only one thing. To restore the tissues to their normal state. All that is necessary is to lightly freshen up the edges and stitch together with silkworm gut; this can be done without much chloroform; it can be done with cocaine in some cases and in the cervix operation can be done with nothing but a good drink of whiskey—there being but little sensation in the os uteri. Little lacerations should not be operated upon—they are of no importance unless they produce some symptoms. I also object to the expression that "ovariotomy unsexes—mutilates;" it does nothing of the kind—it rather improves the sexual appetite when already aroused by removing painful conditions which have rendered intercourse distressing. The constant irrigation of the vagina with bichloride solution during operation is wholly objectionable; if the vagina has been carefully cleansed the dryer it can be kept the better; and the bichloride tends to prevent healing by primary union. The use of the curved Hagedorn needle should also be criticized. In his early operations upon the perineum the surgeon will use a needle greatly curved, but as his ex-

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perience increases his needle will become gradually more nearly straight, until at last he will employ a needle which is entirely straight; the best being a common darning needle properly sharpened and tempered.

DR. EMORY LANPHEAR: That one surgeon should in the brief space of six or seven years operate upon more than three hundred lacerations of the cervix and perineum shows the great frequency of such tears and emphasizes the necessity for primary operation. By primary operation I mean repair of the injured tissues at the time of delivery. After removal of the secundines every accoucheur should carefully examine the os and perineum for lacerations and if any be found a little chloroform should be given and the rents sewed up with catgut. Much suffering might thus be prevented and subsequent confinement to bed or even a trip to the hospital be rendered unnecessary. I am therefore an earnest advocate of primary operation; and especially for the perineum. So far as the double operation is concerned it can readily be done by using chromicized catgut for the cervix and silkworm gut for the perineum. Personally I prefer to use silkworm gut for the cervix also, repairing the perineum at the time I remove the sutures from the cervix; I believe I get better results, but as a witness of some of Dr. Mayfield's work I can say he often gets just as good by the use of the catgut which does not have to be removed. I cannot think Dr. McIntyre does a good operation upon the cervix if he can operate with cocaine or whisky; I cut away all cicatricial tissue very deeply, in a way that no patient could stand without chloroform, so that when my work is completed there remains what appears to be a virgin os; I am sure no operator can do this without full anaesthesia. And in the perineum my object is always to bring muscle to muscle—so deep dissection is here likewise demanded; and for the same reason. Tait's flap-splitting operation is not advisable in most cases. From my own work I can testify to the correctness of Dr. Mayfield's position that every case of lacerated perineum should be operated on that produces reflex nervous symptoms, that impairs the physical integrity of the perineum to any marked degree or that allows of any prolapse of the rectum, bladder or uterus by reason of want of natural support—such cases are only too often neglected and suffer untold misery on account of the proneness of the attending physician to do nothing in the way of operative treatment.

DR. EDWIN BORCK, of St. Louis, said: This operation should be called the "American operation" as it is distinctly and unquestionably of American origin. One question of Dr. Mayfield: From his unusual experience has he noted that the vagina of the typical American woman is much longer and higher than that of the typical German woman? It has been asserted that such is the case—that there is a marked difference in the relative position of the vagina in the two races. If this be true it means we must freshen the edges and sew farther forward in the one woman than in the other.

DYSPEPSIA IN SCHOOL GIRLS.

Dr. Anthony finds that many high-school pupils suffer from a form of dyspepsia induced by irregularity of meals, mental over-work in their studies and insufficient exercise. In the case of a girl of 18 years reported in the New Eng. Medical Monthly, the appetite was variable, with distress after eating; with pain in the precordial region, tenderness on pressure of the stomach, tongue coated, marked distention of bowels, with occasional eructations of gas. Ordered a change in manner of living and relaxation from study, with regular meals of easily assimilated food. A tumbler of Londonderry lithia water to be taken, hot, just before retiring, one before breakfast, also to be taken hot, and enough cold water during the day to amount to three pints in the twenty-four hours. The effect was apparent within a week and at the end of a month she had gained five pounds in weight and there was a cessation of all dyspeptic symptoms.

This case is illustrative of a class, of which there are many among school girls, who do not need active medication, but who will be benifited by a systematic use of Londonderry lithia water and a regulation of habits.

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WESTERN ASSOCIATION OF OBSTETRICIANS AND GYNECOLOGISTS.

Annual Session at Omaha, Neb., December 22, 1894.

[CONTINUED FROM PAGE 373]

DR. W. J. WILLIAMS of Adel, Ia., read a paper. Title, "Diseased Conditions of the Ovum, Leading to a Watery Discharge from the Uterus." (See original department.) Discussion:

DR. VAN EMAN—I do not find any fault with the paper, but would simply say from every standpoint, it is something with which we are not familiar; in my own experience I have met or remember now of only two such cases; one of a woman with her fourth child, who had never had any trouble or any disease, and at five and one-half months, while taking a walk one evening away from home, she was very much astonished as well as frightened to find that she had a watery discharge. A few days in bed was all the treatment given, and she went to full term and delivered a healthy child. The other case was a young woman. About her third impregnation she went to the seventh month with several attacks of watery discharges, some four or five, and finally miscarried. She afterwards had another man, and I delivered her a child at full term without any trouble of any kind; as far as I know there was no history of any trouble afterwards with other babies. In the first place, the trouble was that she was unable to bear with her first husband a living child. Those two cases constitute my knowledge of the subject.

DR. HALL—I remember of one case I had a number of years ago; a lady who had frequent discharges of water which I attributed to some rupture of the membranes; possibly one of the variety that Dr. Van Eman speaks of. This case was threatened with miscarriage, and owing to the fact that she had frequent uterine contractions for two months, I kept her in bed and gave her opium to allay the pains. The mouth of the uterus was dilated to the size of a dollar for two months. I succeeded in keeping her to the eighth month and delivering a child, not very healthy, but by treating it carefully saved its life. Now this case was to me at the time unique..

DR. WILLIAMS—If I had my notes I could report at least five cases along these lines, embodying perhaps at least four of the different varieties mentioned. The point made by Dr. Hall is certainly the best treatment in these cases. Persons with these discharges need watchful care and in that way, I hope to hear favorable reports from cases one and two in which I have reported, in which, after the history of repeated discharges of slightly tinged water, without increase of size of the uterus, there was a difficulty in determining what the exact condition was. It might have been hydrosalpinx, or something of that kind, but we have a very nice distinction when you come to examine the cases carefully. We find the normal condition of the tubes in other cases, but after a while the uterus increases in size, and examination determines the fact that there is no foetus; careful examination determines the presence of water—that is hydrometra. If this is allowed to go on and open sometimes in cases where they have a long ways to go after a doctor the latter comes too late, on account of hemorrhage. For there may be a tumor, and the separation of the mass that has been planted upon a weekly wall leads to a hemorrhage as in cases I have examined, where, after three or only part of the mass was expelled, in both cases exposing cysts as large as the end of one's finger; and yet the diagnosis had failed to have been made; in both cases the woman almost bled to death before the doctor arrived.

Paper read by Dr. J. E. Summers, jr., Omaha. Subject: "An Interesting condition of the Intestines found during Operation for the cure of a Fecal Fistula." Discussed by DR. ADAMS.

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"I am very much interested in the paper which the Doctor has presented to us. I will simply ask him a question in regard to whether he can determine whether the opening is in the small or large bowel and the probable location. I simply was interested in that from the fact that I had a case last July in which a lady had a femoral hernia which was reduced. A few days after that there was a swelling in the femoral region. The swelling was thought to be a gland that had been injured in the reduction, but finally after incision got so that you could pass two fingers inside. In fact there was a most enormous opening there which ran down to the uterus; but she was put upon treatment and milk punch given to her. About a half hour after taking the punch she noticed the odor of alcohol at the opening. The question was whether the fistula connected with the stomach or lower down in the digestive tract. The lady is now perfectly sound and healthy. I did not use the knife in her case. She would never have gotten well if I had."

DR. ALLISON: About the first case: "I assisted Dr. Summers and it was somewhat embarrassing; there was considerable difference between the caliber of the gut above and below the constriction, and it was difficult to get the intestines to fit accurately over the same button at either end. This is one of the most trying features that I have noticed so far, and it occured to me at the time, that it might be possible for some individual to change the button in such a way that one side might be larger than the other and allow its wall to rise on the outside of the button in place of the anterior surface."

DR. ADAMS: "I have had some little trouble with fistulas. When you have a gut run through a mass of tissue, and when it is impossible for you, unless you have the whole abdomen laid open, to find the beginning and the end of the gut in order to put it together. When you have three, four and five inches of tissue, thrown out, causing the gut to be adherent and massed together, then have the gut running through it, you have something you could just as well keep your fingers off and let her move her bowels from the side if she wants to."

DR. SUMMERS closes the discussion: "I haven't anything, to say especially. In the first place a particular point to which I wanted to call attention was, that you would think, if you were to throw a quart of water or a pint of water, into the rectum and the water made its appearance at a fistulous opening that the opening was low down. The water in this case went into the lower part of the ilium. I spoke of not having made an analytical examination of the fistulous discharges, had I done so the location of the opening might have been determined.

In regard to the use of the Murphy button that Dr. Allison referred to. the difference in the caliber of the intestine above and below the fistulous opening, I had Dr. Allison's assistance in my first case in which I used the button. The condition of the intestine was practically the same, being due to the presence of a tumor of the intestine, so that obstruction was complete, even to the non-passing of gas. For some years I was led to believe that it was impossible to force water from the large intestine through into the small, without using so much pressure that you were apt to burst the large intestine, but once at a medical meeting, I took this position, backing it by a large number of experiments, when a country doctor told us that he had injected a pint or a quart of sweet oil into the rectum. and the patient vomited the oil. and there was no doubt about the way the oil went."

(TO BE CONTINUED)

The next issue of THE HERALD will contain "PUERPERAL ECLAMPSIA," by Dr. J. W. Young, Bloomfield, Iowa, and "ABORTION," Dr. Emmert, Atlantic, Ia.

Upon the Island of Formosa, a woman is not allowed to bear a child before her thirty-sixth year, and abortionists fulfill a social law by kicking the belly of a woman who becomes pregnant before the proper age, lest the population grow too large for the island.

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CURRENT LITERATURE.

How to Deal With Apparent Death From Electric Shock—

(By Augustin H. Goelet, M. D.)

Much interest has recently been excited by the report from France of the resuscitation of a man apparently killed by electricity, and by the announcement of the French scientist D'Arsonval that a person so shocked should be treated as one drowned. The suggestion is a good one but may be somewhat misleading unless understood; that is, unless the person understanding the resuscitation appreciates what is to be accomplished and just how it is to be done.

As this authority says, an electric shock may produce death in one of two ways, viz:

1. By producing destructive tissue changes, when death is absolute; or 2, by producing sudden arrest of the respiratory and heart muscles through excitement of the nerve centers, when death is only apparent; in other words, animation is merely suspended. The subject may be aroused from this syncope if efforts at resuscitation are not too long delayed.

The alternating current, which is usually regarded as the most deadly, strange to say, nearly always produces death in this second manner.

To say that a person has received a shock from a wire conveying a current of four or five thousand volts, does not necessarily signify that the body has been subjected to the full force of the current, even if the meter does register nearly one ampere during the time of the accident. In view of the fact that the human body offers a resistance of several thousand ohms, which resistance is greatly increased by imperfect contact, and by charring and burning the tissues at the points of application, it is not often that the internal structures or vital organs are submitted to a very considerable volume of current, though it apparently passes through the body. It must be borne in mind that when the clothing is moist with perspiration or wet with rain, it offers a circuit of less resistance than the human body, and in this event the body receives only a shunt current very much less in quantity than the main current. The bulk of current, in this instance, passes over the surface and does not enter the body. This may explain the survival of some who have apparently withstood very powerful currents. It must be presumed, therefore,, that electricity seldom kills outright, though the condition of suspended animation, which it induces, would result in death if not counteracted.

All things considered, it is rational to attempt the resuscitation of those apparently killed by electricity, and if not too long delayed, the effort promises fair chances of success, provided proper means are instituted.

If the body has actually been submitted to a current of sufficient volume to produce destructive tissue changes, all efforts at resuscitation will, of course, be futile.

If, on the other hand, only respiration and the heart's action have been temporarily arrested, there is a condition of syncope simulating apparent death by drowning, or from anaesthetics, and the physician knows that patients in this condition are frequently revived. Laymen will appreciate the nature of this condition if it is explained as one of exaggerated faint, and would not feel appalled upon encountering it if previously instructed how to cope with it. In an ordinary fainting spell the necessity to stimulate is universally appreciated. In syncope resulting from an electric shock stimulation is likewise indicated, but more vigorous measures are required. This is the only difference.

As said above, the direction to treat one shocked by electricity as one drowned may be misleading, as the conception of the laymen of the necessities in this case would be to roll the body on a barrel. Let him understand that the condition is one of exaggerated faint, that the necessity is for prompt stimulation, and that the quickest and most powerful stimulant which can be employed is artificial respiration. The man must be made to breathe, if this is possible, and efforts to induce respiration must not be suspended until breathing is fully and normally restored or until it is absolutely certain that life is extinct. This cannot be assured in less than

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an hour's persistent, energetic, tireless effort.

The accompanying illustrations will serve to make intelligent the following directions for artificial respiration:

The body must be placed upon the back. A roll made of a coat or anything else convenient (rolled, not folded) is placed under the shoulders and must be sufficiently large to so prop the spine up as to drop the head backward. The operator should kneel behind the subject's head, facing him, grasp the elbows and draw them well over the head, so as to bring them almost together above it, and hold them there for two or three seconds. Then he carries them down to the sides and front of the chest, firmly compressing it by throwing his weight upon them. After two or three seconds the arms are again carried above the head and the same maneuver is repeated, at the rate of fifteen or sixteen times per minute. At the same time the tongue must be drawn out to free the throat. This manipulation stimulates respiration in the following manner, viz.: When the arms are extended over the head, the chest walls are expanded, just as in inspiration, and if the throat is clear, the air will rush into the lungs. When the arms are brought down to the sides of the chest, compressing it, the air is expelled, just as in expiration.

This is the most convenient and reliable manner of inducing artificial respiration. It is known as Sylvester's method. The operator must, however, appreciate the fact that this manipulation must be executed with methodical deliberation just as described, and never hurridly nor half-heartedly. To grasp the arms and move them rapidly up and down like a pump handle is both absurd and absolutely useless.

In addition to this, if an assistant be at hand, the tongue, held by a cloth or handkerchief to prevent slipping, should be seized and drawn forcibly out during the act of inspiration or when the arms are extended above the head, and when the chest is com-

OXYGEN CYLINDER AND APPLIANCES.

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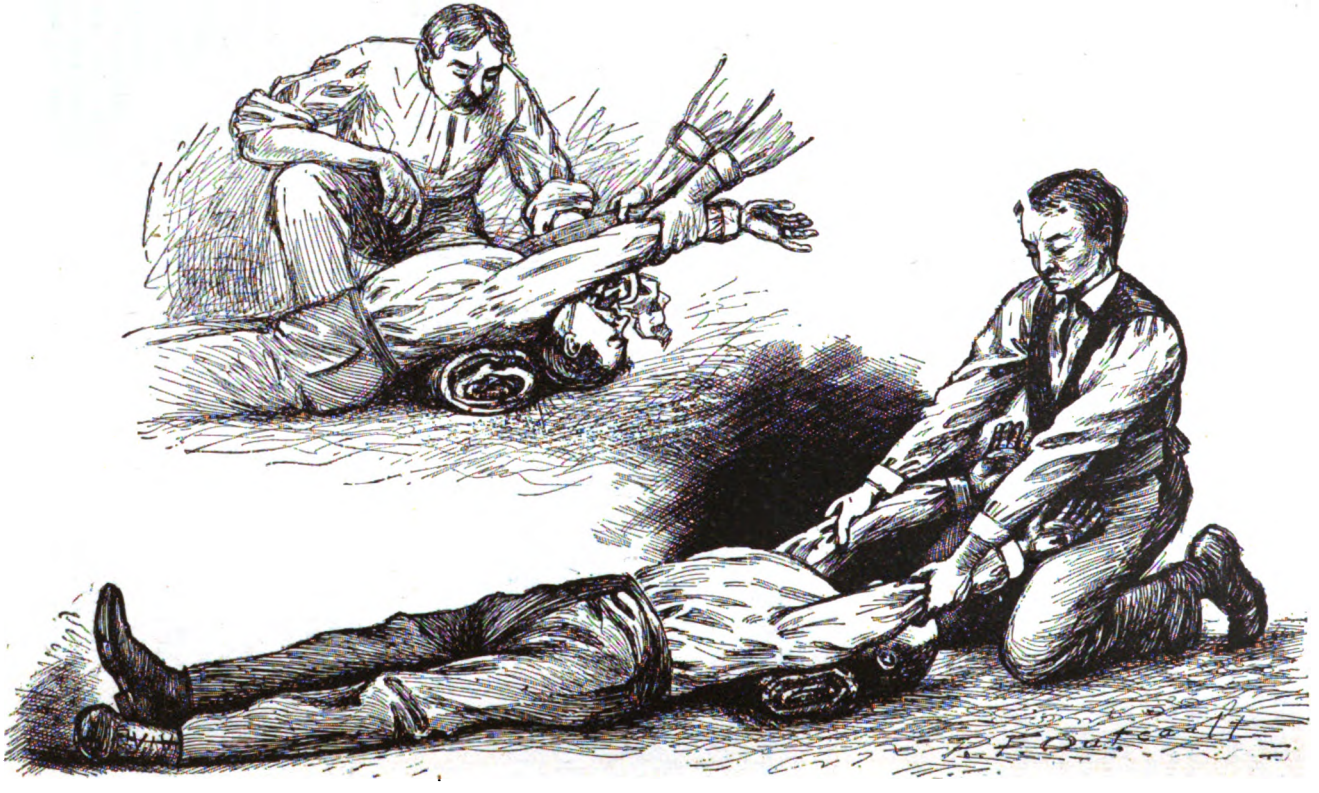

DEALING WITH ELECTRIC SHOCK—FIRST POSITION.

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pressed it may be allowed to recede. This rhythmical traction upon the tongue is in itself an excellent stimulant of respiration. It acts not only by freeing the throat of the tongue, which may fall back and obstruct breathing, but also by reflex irritation, through the fraenum or bridle under the tongue being drawn forcibly against the lower teeth.

Should these efforts fail to elicit any response or arouse any signs of life, recourse may be had to another method of stimulation by exciting the dormant nerve centers. This should, nowever, be reserved for the physician, who should always be summoned when it is possible to get one, or should be made use of only by one who realizes the injury that may be done if it is carelessly practiced. Still, when the necessity is great and other means have been exhausted, some risk is allowable.

I refer to forcibly stretching of the sphincter muscle controlling the rectum or lower bowel. It is well known to physicians that this muscle is the last portion of the body to lose its sensibility and that by irritating it by forcibly stretching, a gasp will often be elicited from one actually moribund.

The method of procedure is this:

Turning the patient on the side, the index finger or thumb is inserted into the rectum and the muscle, which, if sensible, will be felt to resist, should be forcibly and suddenly drawn backward, toward the spine. Care must be taken not to introduce the finger roughly or to use sufficient force to larcerate or wound the parts.

Having obtained one gasp, artificial respiration should be continued and a repetition of the proceeding should be reserved until respiration again fails. In some instances, however, it may necessary to repeat this with every effort at inducing inspiration, that is, every time the arms are extended over the head. The subject then being on back, the knees are drawn upward to facilitate access to the rectum.

If the accident occurs in a city or town, oxygen, which may be obtained at every drug store, may be used. This is a powerful stimulant to the heart, if it can be made to enter the lungs.

This gas comes in cylinders furnished with a stop cock and tubes and bottle, which latter is to be half filled with water, through which the gas passes when turned on. (See figures.) If a cone or mouthpiece is not furnished with the apparatus, one can be hastily improvised from a piece of stiff paper and attached by a string to the ordinary mouthpiece. To use the oxygen, place the cone over the patient's face and turn on the stop cock until the gas is seen to bubble freely through the water in the bottle. Efforts at artificial respiration should

AN IMPROVISED MOUTHPIECE.

be kept up while the gas is being administered to favor its entrance into the lungs.

The use of electricity to reawaken the heart and lungs to action offers another auxiliary to the resuscitation process, but implies the skilled employment of special electrical apparatus purely within the possession of the physician, who naturally does not require instruction.

When I was requested by the editors of the Electrical World to contribute this article I gladly accepted because:

1. I am convinced that many who have died in consequence of electrical

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DEALING WITH ELECTRIC SHOCK—SECOND POSITION.

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shocks might have been saved if those at hand had been properly instructed in the methods of reviving suspended animation; and

2. I hope all electrical companies will be impressed with the importance of having their linemen, and other employes engaged in the vicinity of dangerous currents, so instructed and trained that without delay methods of resuscitation can at once be instituted.

thus the giant Electricity will more surely become man's servant, a faithful and ever obedient one, instead of as now, occasionally, through man's carelessness, his slayer. — Electrical World.

(We are indebted to the Scientific American for the illustrations. Ed.)

TESTS FOR EARLY LOCOMOTOR ATAXIA.

Fournier, in giving the points for early recognition of tabes doralis, classifies the diagnostic signs as follows: (1) Westphal's symptom is well known; it consists in the abolition of the pro-rotulian reflex, and is present in two-thirds of the cases. (2) Romberg's sign can be thus appreciated: The eye is an indirect regulator of motion; it helps to correct deviations in walking and maintains the equilibrium. When a patient is suspected of incipient ataxy, it will often suffice to make him close his eyes when in the erect position to verify the diagnosis. In a few instants his body will oscillate, and if the malady is somewhat advanced he will be in danger of falling. (3) The "stairs" symptom. One of the first and most constant symptoms of incipient locomotor ataxy is the difficulty with which the patient will descend stairs. If questioned closely on the subject he will say that at the very outset of his malady he was always afraid of falling when coming up stairs. (4) The manner in which a patient crosses his legs is often significant. In the normal state a man when performing that act lifts one leg simply to the height necessary to pass it over the other, whereas in the affection under consideration he lifts it much higher than necessary, describing a large segment of a circle. (5) Walking at the word of command. The patient seated is told to get up and walk instantly. After rising he will hesitate as if he wanted to find his equilibrium before setting off. If while in motion he is told to stop short, his body, obeying the impulsion, inclines forward as if about to salute, or on the contrary, jerks himself backward in order to resist the impulsation forward. (6) The patient is asked to stand on one leg, at first with his eyes open, afterward closed. Although man is not made for this position, yet he can balance himself pretty firmly for a little time. The ataxic will experience a great deal of difficulty, and will instinctively call to aid his other foot so as not to fall. If his eyes are closed he will not be able to stand an instant, and if not held would fall heavily to the ground. Such are the symptoms of incipient locomotor ataxy; they will not all be present frequently, but they should be all sought for in order to avoid an error which might have grave consequences.

GOLD AND ITS VARIOUS USES.

Gold is a wonderful agent in more ways than one. It has long been known to cure broke hearts and to draw Counts and Princes to our shores. But it was left for the Charles Roome Parmele Co., to show its value as a remedial agent, when presented in an eligible form. As the Bromide of Gold it exists in Arsenauro and Mercauro, preparations which have attracted wide notice. Lately Dr. A. H. Ohmann-Dumesnil, of St. Louis, has been writing of the good effects of these preparations in various forms of skin diseases and syphilis. He reports a large number of cases which show their powerful effects in these diseases. The bromide not only appears to be the most active salt, but it also decidedly increases the action of the arsenic and mercury with which it is combined and, in addition to this, it prevents any toxic effects. The paper concludes as follows: "In fact, I have seen none but good effects from the use of these gold preparations." There are a number of reports of ate on the efficacy of these preparations.—National Medical Review.

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PERSONALITIES

Dr. A. A. Herring, of Highland Station, Kansas, was a recent visitor to this city.

Dr. Jas. Brown, genito-urinary surgeon at the Johns Hopkins Hospital, Baltimore, is dead.

Dr. J. M. Richmond has returned from an extended visit to his old home in Virginia, refreshed in mind and body.

Dr. I. N. Love, editor of the *Medical Mirror*, St. Louis, is spending the summer in Europe, accompanied by his charming daughter, Miss Delphine.

Dr. Albert C. Gorgas, Medical Director of the United States Navy, died of heart disease at his home in Germantown, a suburb of Philadelphia, June 20.

Dr. H. W. Westover takes his outing on the shore of Lake Miltona, Minn., where fishing is excellent and the air exhilarating, Wish we could do likewise.

Dr. Grace Chisholm, a pretty English girl, has just graduated in pharmacy at the University of Gattingen, being the first lady in Germany to attach Ph. D. to her name.

Dr. George M. Gould, editor of the *Philadelphia Medical News*, was elected president of the Association of American Medical Editors at the meeting in Baltimore, May 5th.

Our Managing Editor rests his mind with the little ones of the second generation, at Independence, which he hardly prefers to fishing. He thinks, however that he can "kill two birds with one stone."

Dr. Perry Fullkerson (Ensworth 95) is practicing in this city. His address is N. W. Corner Seventh and Felix. Dr. Fullkerson is one of the most promising among the younger physicians who have recently located in St. Joseph. His father was a well known practitioner of Buchanan County who died many years ago.

Dr. John D. McDonald, son of Daniel McDonald, of Kemper, Hundley and McDonald has opened an office at 104 North Seventh Street. He is a graduate of the University of Pennsylvania, 1894, and will be a desirable acquisition to the St. Joseph profession. Dr. McDonald was a member of the scientific party that was sent out from the University of Pennsylvania to Central America. He comes of an old and honorable and wealthy family and will doubtless do his share in perpetuating its good standing.

Thomas Henry Huxley, the eminent English naturalist, died June 29, aged 70 years. He was 21 years old when he took his M. B. degree at the University of London, having studied three years at the Charing Cross Hospital Medical School; he took second honor in anatomy and physiology. In 1846 he joined the medical branch of the Royal Navy, after graduating from the Royal College of Surgeons, serving first at the Haslar Hospital, and afterward as assistant surgeon on H. M. S., *Rattlesnake*, during its four years' voyage to the South Pacific. In 1853 he resigned from the Navy to become the professor of natural history in the Royal School of Mines. From that point in his life, when not quite 30 years of age, his course as a scientific investigator and teacher, especially in the field of zoology, became fixed. Prof. Huxley's rise to eminence was steady and rapid, until he became one of the foremost scientific men of the century. He returned to England in 1850. In the following year he was made a Fellow of the Royal Society, and the next year he received one of the two medals that the society awards annually. By the death of Professor Huxley England has lost one of her greatest scientific inquirers.

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Dr. Noeggerath, the noted gynecologist who formerly practiced in New York, died in Wiesbaden, Germany, where he had been living for the past six years.

Dr. Thos. H. Doyle leaves for Hot Springs, S. D., to recuperate his wearied mind and body in the cool breezes of the Dakota hills and the warm baths of the Springs,—a wise procedure on the part of all who can do so.

Dr. Jacob Geiger seeks the bracing air of the Rockies and the cool shades neighboring Pike's Peak. Doubtless he will sample the waters of Manitou Springs, and discover that one tasting satisfies for the balance of life. May his stature not decrease. He is accompanied by the autocrat of the breakfast table and a few others.

Dr. Bransford Lewis has resigned his position with the Missouri Medical College, St. Louis, and has been elected to the chair of Genito-Urinary Surgery, in the College of Physicians and Surgeons. Dr. Lewis' ability has been still further recognized by his appointment as Genito-Urinary Surgeon to the Baptist Hospital, St. Louis.

Prof. Billroth.—(Subject of Illustration.)—In the death of Billroth, the world lost one of its greatest surgeons. Christian Albert Billroth was born at Bergen, on the Island of Ruegen, April 26, 1829. He was the nephew of Wilhelm Friederick Billroth, who rendered substantial services during the great cholera epidemic. His medical education was received at Griefswald, Gœttingen, and Berlin, at which latter place he obtained his degree in 1852, the subject of his thesis being "De Natura et Causa Pulmonum Affectionis Quæ Nervo Utroque Vago Dissecto Extoritur." He afterward pursued his studies at Vienna and Paris, and in 1853 he was appointed assistant at von Langenbeck's clinic at Berlin; in 1856 he became Privatdocent. These positions he held until 1860, when he became Director of the surgical clinic at Zurich, with the rank of professor. In 1867 he was called to the professorship of Surgery at the University of Vienna, where his work was continued up to the time of his demise. During the Franco-Germain war he was in charge of the hospitals at Weissenburg and Mannheim. He has been a prolific writer on medical subjects, chiefly pathology, pathological, anatomy and surgery. His works have been freely translated, notably his "Surgical Pathology," which runs through many editions, and in ten different langnages. On April 25th a statue to his memory was unveiled at the Hospital Rudolfinerhaus.

Methylpyridine Sulphocyanate, an Antiseptic.—(Dr. Edinger *Med Week*, 1895, III, p. 155). In combining quinoline with sulphocyanate (thiocyanic, hydrosulphocyanic, rhodanic) acid, water is separated and methylpyridine sulphocyanate is obtained. With this salt the author made a series of experients at the Friburg Hospital, with special reference to its effect on the diphtheria and cholera bacilli and on the pyogenic microbes. It was found that a 1 : 2000 solution kills the cholera bacillus within an hour; a 1 : 1000 solution kills the diphtheria bacillus within an hour; a 3 : 200 solution kills the staphylococcus aureus within an hour. The same result was obtained by exposing, during ten minutes, the choleria bacillus to the action of a 1 : 200 solution of this sulphocyanate, the diphthera bacillus to a 3 : 200 solution, and the staphylococcus aureus to a 2 : 125 solution. To kill the same microbes in a minute a 3 : 100 solution was required for the cholera bacillus, a 9 : 100 solution for the diphtheria bacillus, and a 3 : 100 solution for the staphylococcus aureus. Cultures of the comma-bacillus were prevented by a 1 : 10,000, of the diphtheria bacillus bv a 51 : 10,000, and the staphlococcus aureus, by a 1 ; 4000 solution. It is evident therfore, that this substance is an energetic antiseptic: at the same time, it is not in the least caustic and absolutely painless on application. It possesses, consequently, great advantages over both carbolic acid and corrosive sublimate, while it is said to be entirely free from the dangers attending the use of latter substances. Prof. Litten states he has employed a 1 per cent. solution of methylpyridine sulphocyanate in several cases of gonorrhea. The patients experienced no pain and recovered promptly, though not more quickly than with other antiseptic agents. This may possibly be due to the fact that the quantity used was very small.—*Am. Med. Surg. Bulletin.*

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NEWS AND MISCELLANY

St. Joseph's Great Fair and Races, September 9 to 14. Reduced rates on all railroads. Unprecedented attractions.

Anti-Snake Bite.—Some people in Georgia, it is reported, find the flesh of a chicken to cure the bite of a poisonous snake. The flesh is supposed to absorb the poison.

Excursion to Hot Springs, S. D.—Leaves Council Bluffs after the Missouri Valley Medical Society meeting, September 19th. See notice in another part of this issue.

Bulpiss is the name given to a hitherto undescribed disease of the skin, occuring in Central America. In the language of the Musquito Indians it may not be any the less familiar to their ears than our own, though it means in English something quite different. There is something in a name.

Free Purgation.—Experience in the gynecologic clinics continues to teach the importance of free purgation of the patient before a final diagnosis is made. Dr. Baldy says that the symptoms presented by a woman whose pelvis is filled with fecal masses and whose pelvic circulation is consequently impeded and rendered sluggish are markedly different from those of one whose had these disturbing factors removed. Many women return after the administration of an active purgative claiming that they are entirely well of their headaches, backaches, and abdominal pain.—*Phila. Polyclinic.*

Anthrax in Human Beings.—Some extraordinary statements as to the ravages of anthrax, and the attitude of the Board of Agriculture in relation thereto were made at a recent meeting of the Leicestershire County Council, England. The disease broke out on the farm of a Mr. Warren, at Arnesby, and not only the cattle, but human beings and all kinds of animals were attacked. The farmer and sixteen men were all ill at one time, one man dying at the Leicester Infirmary. A woman in passing the plague-stricken spot was stung by a fly and died from anthrax. Cats, dogs, and birds in the neighborhood also died.—*Scientific American.*

Medical Bill Fails in Kansas.—A bill to regulate medical practice was recently before the Kansas State Legislature; the bill provided "that no person shall practice medicine in this State unless such person is of good moral character and is a graduate of a legally chartered medical institution of good repute, or has been practicing medicine as a means of livelihood continuously in this State prior to the taking effect of the act." The bill was opposed by the Populists. In the House Mr. Winters (Pop. Kiowa) said: "We western people can't support your plug hat doctors. We've got a lot of old women who are better than any of them." The bill passed the House, but it was defeated in the Senate.

Distribution of Hair on the Human Body.—Jonathan Hutchinson in the *Archives of Surgery* says: It is well known that hairy men are common, hairy women exceedingly rare. Both in men and women at puberty hair makes its appearance in the axillæ and on the genitals, and its luxuriance is in some relation to the vigor of the individual. In men at this time hair grows on the face, trunk and limbs; at times also in the ears and nose. In women hair is rarely seen in the nose and ears. The eyebrows of women are always restrained, while in men they often grow very heavy. The scalp hair of women is much more abundant and long than that of men. This may be, because woman have no hair on the face. Hairy men are usually bald men, and so very often are bushy-bearded men; any protracted or debilitating disease in a young person may be attended by a general growth of weak hair over the body. As a rule, the more perfect the sexual health in a male the more luxuriant the sexual hair, and the reverse in women.

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Ashless Filters.—We are indebted to the old and well known house of Bullock & Crenshaw, Phila., dealers in chemical goods of every description, for some samples of ashless filters from the house of Max Dreverhoff, Dresden.

Consideration.—The Zumo Pharmacal Co. of St. Louis, has recognized the need of the profession in these calorific days and has supplied it with a weather thermometer. May the company always keep at temperature of health.

Tinct. Adonis Æstivoles in doses 10 to 30 drops 3 times a day in lithia water is perhaps the most remarkable and yet harmless anti-fat remedy ever discovered in the realm of botany, and inasmuch as white rock ozonate lithia water is the most active and efficient lithia water known, this should invariably be recommended. (See Merck's Report, Sept., 1894.) Supplied by Doniphan & Co. St. Joseph.

Indecent.—A letter was received by the principal of the ——— school the other day. It is from an anxious parent whose daughter is a member of the class in physiology and is as follows: "Dear Miss———: I don't want you to learn my daughter any more about her insides. It ain't decent and it turns her gainst her vittals. Respectfully,———."—*Med. Age.*

The Index Medicus.—This great work, which had to be discontinued on account of non-support on the part of the profession, is about to be revived. The publisher, Mr. Geo. Davis kindly promises to resume its publication if bare expenses are guaranteed. THE HERALD will therefore be sent *free* for a year to the first 100 who send in a regular $10 subscription to the *Index Medicus*, mentioning THE MEDICAL HERALD. Address Geo. S. Davis, Esq., Detroit, Mich.

Our Art Department.—THE HERALD'S representative in France has just been granted the privilege of reproducing some of the grand and rare old pictures found at Nice and Paris. There will be some fifty subjects in the collection, comprising the work of such artists as Gerome, Chlebowski, Medard, Serres, Perrault, etc., and have never been produced in America. The half-tone engravings from these works of will be ready in time for THE CHRISTMAS HERALD.

How to Preserve Perfect Nutrition.—This is the title of an interesting little pamplet on an all-important subject, issued by the Bovinine Company, of New York City, and mailed free to the profession. The book contains 110 pages, freely illustrated, reporting cases of "Local Nutrition in Chronic Ulceration," by Dr. T. J. Biggs; "Modified Skin Grafting in a Nutritive Medium;" "Gangrene of the Scrotum," by Dr. Jos. L. Black; and many other clinical reports on the use of Bovinine as an element in nutrition. Our readers should send for a copy.

Relics of Evolution.—The coccyx is one of the vestiges of our animal ancestors, and presents an example, perhaps, of a reversion to the older type. We are familiar with the caudal projection of the human fœtus that is like that of the animal, and we see in the dissecting-room, at times, the vestiges of the tail muscles inserted into the coccyx: The *plica semi-lunaris* is a vestige of the nictitating membrane found in certain birds: there is the pointed ear, of the turned-down tip of the ear, of many men ; the atrophied muscles, such as those that move the ear, well developed in certain people, or that shift the scalp, resembling the action of the horse in ridding himself of flies: the supra-condyloid foramen of the humerus: the vermiform appendix: the location and direction of the hair on the trunk and limbs: the dwindling wisdom teeth: the feet of the fœtus, strongly inwards, as in apes, and persisting in the early months of life, together with great mobility and a distinct projection of the great toe, at an angle from the other side of the foot: and the remarkable grasping power of the hand at birth and for a few weeks thereafter, that permits young babies to suspend the whole weight on a cane for a period varying from one-half to two minutes.—*Scientific American.*

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The Golden Belt Medical Society.

[REPORTED FOR THE MEDICAL HERALD]

THE Golden Belt Medical Society met in regular session in the parlors of the National Hotel, in Salina, Kansas, July 11th, 1895. President Hazlett called the afternoon session to order promptly at 3:30 o'clock P.M. The minutes of the last meeting were read and approved.

No other business coming before the society, and the reading of papers being called for, a carefully prepared paper entitled, "Operable Meningitis," by Dr. Hal C. Wyman, of Detroit, Mich., was read. The paper was an able one and fully covered the ground indicated by the title. Thorough discussion followed, indulged in by Drs. Lindsay, Sheldon and Dewees.

Next came a paper by Drs. J. T. Eskridge and Edmund J. A. Rodgers, of Denver, Colo., under the caption of "Probable Septic Phlebitis of the Sigmoid Sinus." Long discussion followed the reading of this paper, participated in by Drs. Lindsay, Sheldon, Dewees, Murphy, Searl, Clement, H. B. Felty, Lynde and LaFevre.

On motion the society adjourned to meet at 7:30 o'clock P.M., at the same place.

The evening session being called to order, the secretary, in the absence of the author, read a paper from the pen of Dr. Leonard Freeman, of Denver, Colo., on "Vulvo-Vaginal Anus; Report of Case," which was discussed by Drs. Sheldon, Dewees, Harvey and Murphy.

This was followed by a very interesting extemporaneous talk on Pathogenic Bacteria, with exhibition of specimens, by Mr. R. N. Gordon, of Abilene, a second year student of Michigan University. Mr. Gordon indicated a thorough knowledge and appreciation of his subject, and the society evinced an eager interest in the theme.

On closing, Dr. Harvey moved that a vote of thanks be tendered to Mr. Gordon for his kindness in appearing before the society. Carried.

Dr. E. B. LaFevre, of Abilene, exhibited a stomach removed *post-mortem,* showing a typical simple perforating ulcer, and Dr. Hazlett gave the history of the case from which the stomach was removed. Discussion followed, Drs. Winterbotham, Sheldon, LaFevre and Mr. Gordon taking part.

Dr. E. E. Hazlett, of Abilene, presented "Tripletts, miscarried at the sixth month."

Reports of cases being called for, Dr. Sheldon, of Topeka, reported a case of "Castration for Enlarged Prostate," and also a "Probable Case of of Melano-Sarcoma." Discussed by Dr. LaFevre.

On invitation of Dr. Searl, and motion of Dr. Harvey, the society adjourned to meet in Solomon City, October 3, 1895.

The following members and visitors were present during the sessions: Drs. Dewees, Winterbotham, Harvey, Lynde, Clement, Murphy, Searl, LaFevre, Hazlett, H. B. Felty, Hawthorn, Sheldon, Lindsay and Mr. Gordon.

Respectfully, E. B. LAFEVRE, Secretary.

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THE MEDICAL HERALD

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THIS DEPARTMENT will be devoted to such notices and comments as the Business Editor may feel inclined to make of deserving and meritorious preparations, and such items of news concerning new goods as will prove interesting to our readers. Practitioners are particularly requested to send us brief facts concerning the success of preparations advertised in THE HERALD, as demonstrated in their practice, and we will always be glad to give space in our Original Department for extended reports of clinical cases. Practices for sale, or notices of removal, not exceeding ten lines, will be inserted FREE three times for subscribers. Always state reasons for selling.

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Address, ELI G. JONES, M. D. Ph. D., 84 Fair St., Paterson, N. J.

Sander & Son's Eucalypti Extract (Eucalyptol).—In the article treating on inhalations of eucalyptus in cases of diphtheritis (Berlin *Klin. Wochenschrift*, 1876, No. 21) by Prof. Dr. Mosler, Director of the Medical clinic of the University at Griefswald, it is stated: "The oleum eucalypti folies, I employed in my tests, I received through Holzle & Chelius, Frankfort-on-the-Main; it must not be mistaken for the more frequently offered oleum eucalypti australe which is obtained from the wood of the eucalyptus trees. This latter oil is used commonly for mechanical purposes and has a far cheaper price; it is, however, no longer applied by me as an internal medicament." We certify that the oleum eucalypti folies named in the Berlin *Klin Wochenscrift*, 1879, No. 21, and there mentioned to have been procured from us, was the product of Messrs. Sander & Sons, Sandhurst, Australia. Holzle & Chelius, Frankfort-on-the-Main, Agents.

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THE MEDICAL HERALD

A PRACTICAL MONTHLY JOURNAL OF THE MEDICAL SCIENCES.

HIRAM CHRISTOPHER, M. D., Editor.

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Contributed Articles

[EXCLUSIVELY FOR THE MEDICAL HERALD.]

The History of an Abortion.

BY J. M. EMMERT, M. D., ATLANTIC, IOWA.

READ BEFORE THE WESTERN ASSOCIATION OF OBSTETRICIANS AND GYNECOLOGISTS, OMAHA, NEBRASKA, DECEMBER 27TH, 1894.

THIS paper contains nothing that is new or original; it is simply the history of a case similar to one or more every practitioner has seen who has done a general practice or special work in the field of gynecology; and my only object in presenting it is to provoke discussion upon the diagnosis and treatment of this condition.

I may have erred in the management of this case, and if in the opinion of the members of this society I have done so, I hope they will feel free to criticise it, and at the same time inform me how to best treat my next and similar case.

The case had been under the care of two other physicians prior to my seeing it, and they have very kindly allowed me to make use of their notes in the preparation of this paper.

Mrs. B., aged 39 years, the mother of eight children, became pregnant in December, 1893, and up to the sixth month there was nothing unusual. About May 30th, the husband called upon Dr. Stultz, of Wiota, saying that his wife had not menstrated since last December, although he did not think her pregnant, but said there was a lump in her right side, and a discharge from the uterus, which had a disagreeable smell. The doctor did not care to take charge of the case and did not examine her, but advised her to seek other medical advice.

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June 6th, she came under the charge of Dr. Porterfield, who made an examination and found she was about to miscarry; and as the os was then partially dilated, he tamponed the vagina and advised her to go home at once, or to some friends in the town.

Instead of doing this she went onto the street and did some shopping. In a few hours pain came on and she returned to the doctor's office, where she was delivered of a dead fetus.

The doctor again advised her to go to bed, but instead of this she got into the buggy and was driven to her home, seven miles away. On the evening of June 7th Dr. Stultz was called to see her and found her with a temperature of 101. The doctor says he called the next day, June 8th, and found the temperature about the same; made an examination and found the left ovary and tube tender and swollen and a fetid discharge from the uterus; treatment, intra-uterine injection and quinine. This was kept up for almost a week, during which time she had frequent chills.

Dr. Porterfield was called and the uterus was curetted and irrigated; after this she improved somewhat and the induration seemed to be reduced, bnt she soon began to grow worse again.

July 26th Dr. Porterfield was again called, but as he had met with an accident I went in his place.

The clinical history was at this time as follows: Temperature 101; pulse 120 and very weak; face anxious; abdomen not much distended, but tender over the lower portion, especially in the left inguinal region.

Upon a vaginal examination I found on the left side quite a hard mass, but no fluctuation; right side free.

The patient was having every day or two a severe chill followed by high temperature, at one time 106; this was followed by profuse sweating, which was cold and clammy.

After each chill she was very much prostrated and sometimes would hardly rally until she would have another. I curetted the uterus and drained it with gauze.

June 28th I saw her again; she had had but one chill since, but it was severe. Taking into consideration the character of the chills, high temperature, great prostration and cold perspiration, I came to the conclusion that the cause of the infection was a leaky tube.

When a very few drops of pus were squeezed out of the tube into the peritoneal cavity it was rapidly absorbed, producing the chill and great prostration.

The only symptom wanting in adopting this theory of the case was severe pain, which is usually a prominent symptom of a leaky tube.

I told the husband that an operation was the only thing that gave any hope for recovery if my diagnosis was correct.

Up to this time there was but little peritonitis.

July 2nd I was called to see her, ready to prepare her for an operation, if the family had concluded to have it done.

Just as I entered the house she went into the most violent chill I ever witnessed, which continued for an hour. The patient became pulseless and semi-comatose. I concluded she would not rally, but she did, the temper-

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ature running up to 106° F. I told them it was too late to think of operative procedure and returned to my home.

The next morning I received a telegram saying she had rallied and that I should come and see her. I found her very weak; temperature 98; abdomen distended and tender.

After consulting with Dr. Stultz and the family, I concluded to open the abdomen, which was done immediately, placing the patient in the Trendelenburg position, and allowing the intestines to withdraw from the pelvic cavity, the tubes were brought into view, and pus was seen oozing from the open end of the left tube.

The tube was hard, rigid and adherent. The intestines, notwithstanding she had been taking salines, were partially distended with flatus.

The patient was put to bed in good condition and rested well for twelve hours; the temperature gradually going up to 100. The operation was performed at 3 o'clock in the afternoon.

At 2 o'clock the next morning she began vomiting a black matter with a disagreeable odor. From this time on she rapidly sank and died at 10 o'clock A.M., just twenty-four hours after the operation. I think she died from septic absorption which had taken place prior to the operation.

The tube, which I show you, speaks for itself. You will see that the osteum abdomnalis was open, allowing the pus to ooze into the peritoneal cavity. The tube has been opened longitudinally about one-third of its length, beginning at the fimbriated extremity, to a point where the lumen is closed or destroyed from contractions and adhesions.

About two inches internal to this point we find an abscess, which when opened contained about a drachm of pus. From this abcess into the uterus the tube is patent, and undoubtedly the pus which was found in this abcess was from time to time emptied into the uterine cavity.

The distal one-third of the tube was a suppurating canal, wtih the uterine end closed, and the abdominal end of this canal being open, allowed the pus as fast as it was formed to be squeezed out into the abdominal cavity, explaining the periodical chill, shock and prostration followed by high temperature and profuse sweating.

The amount of pus dropping into the peritoneal cavity each time being small, it was rapidly absorbed, and instead of lighting up a peritonitis, it went into the general circulation, producing violent toxic symptoms.

When there is an infection of the tube from the uterus, the first thing nature does to protect the life of the patient, is to seal the osteum of the tube, thus protecting the peritoneal cavity from the infectious material. This is sometimes a slow process, depending upon certain conditions.

If the inflammation extends into the muscular coat of the tube it lengthens, becomes tortuous, and gradually bulges over the fimbria until the osteum presents a rounded instead of its usual fringed appearance.

Eventually these rounded margins contract, narrow the orifice and here giving it a smooth rounded end, not unlike a sea anemone with its tenacles retracted.

In examining this tube you will find the tube is not elongated, nor tortuous, and I do not think the muscular wall is involved in the inflammatory

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process, but the damage to the tube was confined to the endosalpinx, there being an infected mucous membrane secreting pus.

The tube as it lay in the pelvis was firm to the touch, rigid, and bound down in its position by adhesions. It felt more like a hard cord or cicatricial tissue.

This being the case nature was unable to seal the osteum by the usual method.

There was but little local peritonitis, at least it had not that appearance.

However, autopsies and microscopical examinations demonstrate the fact that the peritoneum may present a normal appearance and yet be inflamed.

There are two important questions I desire to ask in connection with this case:

First, Was I justified in making a diagnosis of leaky tubes, from the symptoms?

Second, Was I justified in operating with the patient in the condition as stated?

Some Propositions in Abdominal and Pelvic Surgery.

By JOHN H. M'INTYRE, A. M., M. D., St. Louis, Mo.

READ BEFORE THE MEETING OF THE STATE MEDICAL ASSOCIATION OF MISSOURI, HANNIBAL, MAY 21-24, 1895

PROPOSITION 1.—I think it may be accepted as axiomatic that all operations performed within the abdominal cavity should be done quickly, by well-drilled, skillful, and surgically clean hands.

Proposition 2.—That the shortest possible incision compatible with the work to be done without bruising the tissue is conducive to safety.

Proposition 3.—That the strictest possible period of anesthesia—preferably induced by bichloride of methylene used in the inhaler of Junker is the safest.

Proposition 4.—That no man has a legal or moral right to open the abdomen of a human being, who has not by previous training and observation, so perfected himself for the work that he may be able to meet any emergency that is likely to arise.

Proposition 5.—The unexpected is what may be expected in abdominal and pelvic work—this is paradoxical, but it is true.

Proposition 6.—No man is justified in attempting work of this character unless he is able to make an approximately correct diagnosis.

Proposition 7.—Exploratory laparotomies are the approbium of abdominal surgery.

Proposition 8.—The exploratory incision of the expert is a far different affair from that of the tryo or neophyte, for he at once clears up the uncertainty and completes the operation.

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Proposition 9.—When once a correct diagnosis can be made it is not only foolish but criminal to advise so-called conservatism, and inactivity, in cases which, if left alone, can have but one ending—death.

Proposition 10.—When once it is certain that an operation will be required, the sooner it is done the better, while the patient is yet in the best possible condition to withstand the ordeal, and before structural lesions have occurred in adjacent or remote organs.

Proposition 11.—That antiseptics should never be introduced into the abdominal cavity, save peroxide of hydrogen, and then only in exceptional pus cases.

Proposition 12.—That chronic surgery and indecision is often followed by disaster. I have witnessed an operation where nearly twenty minutes of time was taken in opening the abdomen, when as many seconds should have been quite sufficient, when the operator asked each one present for suggestions. Certainly he was not the one you would select to operate on your wife, mother, sister or daughter.

Proposition 13.—That those who vehemently decry against the drainage tube, and prate about its dangers in producing fecal fistula, abdominal hernia, etc., have not yet learned to use it properly.

Proposition 14.—I think it may be accepted as true that it is not a needed requirement of success, for a woman to wear a big sloppy pad soaked in mercuric bichloride, or any other solution on her belly for two or three days previous to operation.

Proposition 15.--For closure of the ventral wound there is no material that is the equal of silk work gut.

Proposition 16.—I believe it is true that the general surgeon never did, does not now, and never will have, especially in pelvic work, the equal grade of success which attends him who devotes his best energy exclusively to this class of effort.

Proposition 17.—In my own experience the most difficult and trying cases to deal with are those who have previously been subjected to incomplete or unfinished operations.

Proposition 18.—There is no need of stitch abscesses in clean surgery, although it has been my misfortune to have two in the past six years.

Proposition 19.—There is too much laparotomy done, and too many men are doing it, or rather attempting to do it, and often by those who would not attempt to cut down upon and ligate the common carotid artery.

Proposition 20.—I am further impressed with the belief that this overabundant supply of would-be laparotomists is the result of superficial and faulty teaching of many medical colleges; coupled with the fact that those who are really experts are too much inclined to report only their successful cases.

Proposition 21.—And I am still further impressed with the belief that men can be found who are willing—nay anxious—to make their maiden effort on the sea of surgery by a sail into the abdomen.

Proposition 22.—In doing an abdominal section it should be the aim of the intelligent and conscientious surgeon to remove incurable disease and save the life of the patient—not attempting, merely to do an ideal opera-

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tion for the purpose of surrounding himself with a halo of brilliancy for the delectation of those who happen to be spectators, but to do his work with the most painstaking thoroughness, so that there is nothing to explain, nothing to apologize for, and nothing to do over again, for it is a fact that incomplete or unfinished operations are fraught with great danger, and are often disastrous to the patient.

Puerperal Eclampsia—A Method of Treatment.

By J. W. YOUNG, M. D., Bloomfield, Iowa.

READ BEFORE THE WESTERN ASSOCIATION OF OBSTETRICIANS AND GYNECOLOGISTS, OMAHA, NEBRASKA DECEMBER 27TH, 1894.

YOU ask what is the cause of puerperal eclampsia? I answer, simply a mechanical obstruction of a flow of the urine and a damming back in the pelvis of the kidneys and ureters, to the extent of interfering with the proper working of this gland, by means of a gravid uterus pressing upon the kidneys and ureters; also a loaded rectum will at times obstruct one ureter.

It is a fact that eclampsia is more apt to occur in the robust and in the first labor. You ask why? The abdominal walls in the strong individual and in the first pregnancy, give way slowly under the pressure of the rapidly developing uterus, and consequently the pressure of this organ would be proportionately greater on the ureters and kidneys; therefore, this sewer of the body is obstructed and the glandular action of the kidneys retarded by the pressure, more than it would be in the delicate, or in those who have a flaccid abdominal wall.

Anatomists give meagre descriptions of the course of the ureters and the relation they sustain to other organs, yet we all know these compressible tubes must cross on the brim of the pelvis, and one of them must lie in apposition to the rectum, and that they pass the uterus on either side and enter on the posterior side of the bladder; therefore a moment's reflection will convince any one that undue pressure from a gravid uterus does obstruct; and largely dilated ureters caused by this obstruction, have been found often on post-mortem examinations.

Chemical change can and does take place in retained urine. If the pressure is great enough and the glandular action of the kidneys is retarded and urea or its constituents are left in the blood or absorbed by reason of injury to the lining of the kidneys or tubes by stretching these structures; thereby, ptomaines and waste matters and even microbes can get into the circulation, and the action of these foreign materials on the nerve centers is to cause convulsions during the tempestuous period of childbirth.

If the urine of an eclamptic patient be examined before, during or immediately after a seizure, it will generally be found to contain albumen

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in greater or less extent. Giovanni and other eminent writers claim, that in certain forms of Bright's disease, there is often a cellular infiltration of the sympathetic ganglia which supply the kidneys, and that the diseased conditon of these organs is due to some lesion of the ganglia controlling the secretion of the urine.

If a disease of the sympathetic nervous system can and does cause an abnormal condition of the kidneys, is it not equally true that a temporary pressure of a gravid uterus, not only on the kidneys and ureters but on the ganglia controlling urinary secretion, can and does cause all the phenomena we find in eclampsia.

We must also not forget the fact, if the seizure has not been profound and the attack can be controlled before the brain structure has been injured by the terrible convulsions, the patient usually recovers completely in a short time after delivery, and no lesion of the kidneys or other organs remains.

There are few more trying ordeals to the young practitioner than to have a case of eclampsia. Imagine the young doctor watching a case of labor, everything progressing as well as could be expected, the patient bearing her pains as best she can, being comforted by the doctor's encouraging words, and the attending ladies, with over-kindness and sympathetic smiles, thinking the agony will soon be over, when lo! the scene is changed in an instant. The eyes of the expectant mother are rolled upward. The head and trunk are often drawn to one side, with purple face, hissing breath, and both tonic and clonic convulsions, make a scene which can never be forgotten by all concerned.

What is to be done now? First, if the patient is robust and full of blood, I would open a vein in the arm and abstract from one to two pints of blood. Next hurry the birth of the child with all possible dispatch, by any means compatible with the safety of the child and mother, and thereby relieve the pressure on the kidneys and ureters. Next, while the delivery of the child is being effected, if the pulse is rapid and the convulsions return every few minutes, with total or almost complete unconsciousness, I would, after thirty minutes from bleeding, inject eight to twelve minims of tinct. veratrum viride. If there was no break in the convulsions in one hour after giving the veratrum and the pulse was down, with moist skin, I would inject hypodermically a half grain of morphia.

These are powerful remedies and I would add a word of caution to any using them, to well weigh the actual condition of the system, because in so urgent a case we are apt to strike harder than is necessary, and sometimes do more damage than good. In the use of veràtrum, bring the pulse down to normal, waiting thirty minutes at least between injections. When it is necessary to use morphine, I find it best to used a maximum dose and then wait till its full effects are seen.

I bleed when there is an abundant supply of blood, with a view of removing a part of the poison in the blood and to remove a part of the pressure in the brain.

I give veratrum with a view of controlling the blood pressure and its relaxing tendency to spasm in the muscular system in general, also for its diuretic effect on the kidneys.

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I give a full dose of morphine afterwards for its calming effect on the system, and its well known action in albuminuric conditions.

I have used chloroform and ether inhalations, but am forced to say I have received but little good from either.

Usually the patient is unable to swallow, and all the medicine is given hypodermically, and even if the patient can swallow, you might just as well put medicine in a "slop barrel" and expect results, as to expect bromide and chloral to enter the circulation from the stomach while the system is under so much excitement.

Narcotics and sedatives injected into the rectum are not to be depended upon, as they are usually expelled during a convulsion.

I am rather of the opinion that *nearly all* convulsive seizures during labor are due to one and the same cause, and that is poisonous matter in the blood, caused by mechanical obstruction in the urinary apparatus. If only a small amount of ptomaines or other poisons are affecting the nerve centers we shall have light convulsions, with the mind clear between the spasms, but if the condition is grave and the life threatened, all mentality between the spasms is obliterated, and the case will require heroic treatment.

If microbes are found which excite eclampsia who can say that the waste material in the circulation caused by the pressure on the kidneys and ureters did not cause the development of microbic creatures. Dr. Joseph Price, of Philadelphia, Penn., recommends cream of tarter taken in half ounce doses, occasionally during the latter weeks of pregnancy, to be a useful prophylactic in those cases that will be subject to eclampsia. My own observation is that if the bowels are kept open by this remedy which also stimulates the kidneys, we may feel sure of baffling this dread malady.

Delaware has a new medical law. It provides for two boards of examiners, regular and homeopathic medicine being represented, and imposes a fine of $500 or not more than one year's imprisonment for persons convicted of practicing without a license. The law went into effect in July.

Harvard College has appointed a physician to look after the general health of its students. He is expected not necessarily to treat them when they are sick, but to so direct their lives that they will not get sick. The physician selected is Dr. George W. Fitz, Instructor in Physiology and Hygiene in the Lawrence Scientific School.

Illegitimates in Paris.—From statistics as given in our French exchanges, we present the following: There were 1117 births in Paris for the week ending April 21st, 1895; of these 296 were illegitimate; for the week ending June 23rd there were 287 illegitimates out of 1078 births, and for the week ending July 6th there were 1050 births with an illegitimacy of 305. Other weeks present about the same proportion. The figures are significant. Such a condition of affairs, did it exist in America, would excite the gravest anticipation.

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Report of a Case of Nephrectomy for Hydronephrosis and Renal Calculus.

(WITH ILLUSTRATION.)

By JABEZ N. JACKSON, A. M., M. D., Kansas City, Mo.

Adjunct Professor Anatomy, University Medical College of Kansas City; Surgeon to All Saints and Scarritt Hospital, and St. Joseph's Orphans' Home, etc., etc.

READ BEFORE THE MISSOURI STATE MEDICAL SOCIETY, HANNIBAL, MO., MAY 22, 1895.

GENTLEMEN:—I present to you today the report of, with exhibition of pathological specimen from a case which has proven of such interest to myself and may, I hope, prove likewise to you. It is a case of nephrectomy for hydronephrosis and renal calculi; the operation having been done two weeks and a half ago.

The patient was Mr. William Griffin, age 37, an Englishman by birth and a plumber by trade. He presented himself first to me at my office the latter part of April, being referred to me by his former physician, Dr. W. C. Burke, who was leaving Kansas City to take up his abode in California. In a hasty consultation I made the following notes: He was a man of apparently good health, but slightly anemic. Inquiry into his family history showed that he came from a very vigorous ancestry; no chronic, hereditary or specific diseases being chronicled in their family. He had himself, however, never been exceptionally hale and hearty since boyhood, though he had suffered from no special malady. The first time he had been under medical care was 12 years ago, when a vague bladder trouble had been diagnosed, which apparently yielded soon to medical treatment. Six years ago in Salt Lake City, he was treated again for what his doctor pronounced albuminuria, but declared him well after one month of treatment. About one year later he was one night seized with a sharp localized pain low down on the right side, nearly over McBurney's point. This yielded to opiates in a few hours, though some weakness and constipation were noted for a few days afterwards. He resumed his work without loss of time, and was apparently all right. About one year later he had a similar attack, lasting three days, diagnosed as intestinal colic, with localized pain again at the same point. He now noticed a slight swelling, which was very tender, just above McBurney's point, but which with the subsidence of the attack, disappeared. The prominent symptoms were localized pain and tenderness, obstinate constipation, slight elevation of the temperature and nothing more. Again resumed work after two or three days, feeling first rate. In a little less than one year the third attack, symptoms same; in six months, the fourth attack, likewise. Since then, to be brief, the attacks have recurred at gradually decreasing intervals, until in the past six months they have been occurring every three to four weeks. Never, however, was he detained from business more than a few days. In the last year the swelling which had before appeared and disappeared in the right side became persistent, enlarging slightly with each new attack, and remaining stationary in the intervals. The symptoms of which he

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complained each time were definite, sharp, localized pain and tenderness in the right side, varying slightly from iliac fossa to the lower border of the liver, attended by constipation and slight transient fever, and in the last few months very slight night sweats. Tenderness had now become permanent over the tumor, but not acute. Recalling his old bladder trouble, and presumed albuminuria, I at once inquired for kidney symptoms. He affirmed that his kidneys were absolutely all right; that there was no trouble with them; urine always normal in quantity, and apparently in quality; never suppression or retention; never excessively profuse. He had never had any characteristic nephritic colic, or radiating pains from the seat of trouble; had never passed any blood in urine that he could perceive, nor sand or sediment. In fact, there was an entire absence of kidney symptoms. His physician, Dr. Burke, had examined urine and found no pus, albumen, crystals or other abnormal constituents. On physical examination I outlined distinctly a tumor on the right side, running from a little below McBurney's point upwards to the lower border of the costal arch, and extending inwards to the lower border of the rectum muscle; dullness on percussion, and fluctuations were observed.

After a hasty examination, I told him he would have to be operated upon, but would not give positive diagnosis, though from prominent symptoms, I inclined to the diagnosis of recurrent appendicitis with retro-peritoneal abscess.

I was to leave the city that evening for Chicago, to attend the National Association of Railway Surgeons, and suggested to him that he take the matter under advisement, with other consultation, if desired, and report to me upon my return. This he did, and presented himself at my residence on Sunday afternoon, May the 5th, with preparations made to go to the hospital at once. I sent him to All Saints' Hospital that evening, and had him prepared as usual for abdominal section, by saline cathartics administered that night, and a copious enema the next morning. The operation was set for ten o'clock Monday morning.

Before taking the patient to the operating room I called in my friends and colleagues, Drs. Crowell and Wainright, who were to assist me, and together we again examined the case carefully. We now discovered that the tumor was not fixed, but slightly movable, and with definite described boundaries. The extreme probability of enlarged kidney was, therefore, suggested. A second urinalysis was now made, but with negative results. We agreed, however, that an operation was imperative, and the patient was removed to the operating room. The field of operation was carefully prepared, and the chloroform and ether mixture, used for anesthesia, was administered by Dr. B. A. Lieberman.

Operation.—An incision was made from McBurney's point well up to the lower border of the costal arch, a little external to the right linea semilunaris. As soon as the muscles were reached the possibility of appendiceal abscess was excluded, in the absence of the characteristic œdema of the muscles found in these conditions, as Keen has noted. A free incision was, therefore, made down through the abdominal muscles throughout the entire length of the wound. The peritoneum was then picked up, and

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carefully divided with scissors. A very large fluctuating kidney was now easily felt, evidently completely functionally disorganized. No question as to the propriety of complete extirpation was entertained. An incision was, therefore, made through the posterior layer of mesocolon and the renal fossa thus reached behind the peritoneum. By blunt dissection with the fingers the kidney was, with some difficulty, loosened from its moorings; it was too large, however, to be delivered through the straight wound, and a second incision passing backward at right angles from the middle of the longitudinal incision, was carried for about three inches. Through our now large opening the kidney was easily delivered without any tension on the ureter or renal vessels. These were carefully separated and ligated by separate ligatures of strong silk, at a distance of nearly two inches from the pelvis of the kidney. These structures were now severed with scissors close up to the kidney, and far enough from the ligatures to prevent any possibility of slipping, with consequent hemorrhage. The kidney was thus completely removed with absolutely no hemorrhage save slight capillary oozing from the surrounding bed. No attempt was made to suture the deep wound in the peritoneum, but a glass drainage tube was inserted, and the abdominal wound closed by through and through sutures of silk worm gut. The suturing was retarded greatly by a violent paroxysm of vomiting, during which the viscera were with great difficulty prevented from extrusion, making the entire operation last one hour and a half.

The wound was dressed with iodoform gauze, about the drainage tube, a layer of gutta percha tissue perforated by drain, sterilized gauze, cotton and adhesive retension straps. Rectal enemata of beef tea and brandy were ordered every hour, and tube to be drained at the same time. The patient was put in bed in good condition, and in one hour afterwards pulse was 75, full and strong, and patient was resting easily.

The subsequent history of the case is without many features of note. The discharge through the drainage tube never exceeded a few teaspoonfuls, and in twenty-fours ceased entirely, and at the end of forty-eight hours the tube was removed. Urination has been natural since the first few hours, with a daily quantity of from forty to sixty ounces, thus showing that the remaining kidney has been doing the work of both for some time. The only complication present has been a stitch abscess, which was discovered, and the suture removed on the eighth day after the operation. This abscess caused the temperature to run up to 103 degrees, but under free drainage, irrigation and pyrozone it was soon controlled, and patient is progressing nicely up to date. At four o'clock on Monday afternoon, just before I left Kansas City, I found the temperature 98.5, pulse 70, and patient feeling first-class, with less pain and discomfort than he had experienced for a year.

This was fourteen days after the operation.

The pathological specimen and photograph which I now present will illustrate beautifully the pathology of this condition of the kidneys. The size of the kidney when first removed was ten inches in length, five inches in breadth and four inches in depth; enormously distended by fluid. On section a slightly grayish blue fluid, odorless, and almost transparent,

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escaped. Unfortunately the fluid was thrown out by the attendants before I could have it examined microscopically and chemically; but apparently there was no pus present. You will observe that there is no normal kidney structure left; we have but a series of communicating cyst cavities, walled by the fibrous structure of the kidney capsule and trabecular processes. Some of these will contain four to six ounces of fluid. Within these cystic cavities were found four phosphatic calculi, which are also presented, and are also seen in the photograph. The largest of these weighs 206 grains, the second 42.5 grains, the third 39 grains, the fourth 12 grains, making a total weight of 300 grains. The fact that these stones were found in the substance of the kidney and not in the pelvis, and that the pelvis is not, as you will observe, much dilated, has suggested to my mind that the pathology is essentially one of cystic degeneration with subsequent deposit of phosphates which formed the calculi, rather than one of obstructive accumulation of fluid. As, however, the ureter was not explored for remote stricture or other obstruction, it is impossible to be positive and remains a matter of conjecture.

In conclusion I wish to call attention to a few salient suggestions:

1. Marked pathological conditions of the kidneys may exist without giving a rise to *any* of the usual diagnostic symptoms of kidney affections, and without serious physical results until late in the case.

2. Exploratory incision with preparations for whatever may be indicated, becomes, therefore, a necessary procedure.

3. The abdominal incision gives good access to kidney for inspection, and permits easy removal without danger of stretching and rupturing either ureter or vessels.

NOTE.—August 5th, 1895. Patient left hospital five weeks after operation. At this time wound was completely closed save a small fistulous canal resulting from infection of the ligatures from the stitch abscess through trail of drainage tube. This fistula still persists, though at present is closing up. Patient is able to get about as he wishes, is gaining strength slowly but surely, and expects to resume work in a short time. The remaining kidney performs function of both perfectly.

August 26, 1895. Fistula is now closed.

Missouri Valley Medical Society.—The annual meeting of this society will be held in Council Bluffs, Iowa, September 19th, and an excellent program has been prepared. After adjournment a special train will convey the members to Hot Springs, S. D., for a few days outing. All who contemplate joining the parts should send in their names to Dr. Donald Macræ, Council Bluffs, Iowa.

The Montreal Medical Journal appears in a new dress and an enlarged and remodeled interior. It now presents an appearance inferior to none, and its contents are of the same high standard that has characterized it in the past. New names have been added to the editorial board, and hereafter the various departments will each be distinct from the other, and each will be under the immediate and permanent supervision of one of the board.

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Treatment of Asiatic Cholera.

By ELMER LEE, A. M., M. D., Ph. B., Chicago, Ill.

READ IN THE SECTION ON PRACTICE OF MEDICINE, AT THE FORTY-SIXTH ANNUAL MEETING OF THE AMERICAN MEDICAL ASSOCIATION, AT BALTIMORE, MD., MAY 7-10, 1895.

SPASMODIC cholera—called also malignant, epidemic, Asiatic, Indian, blue, and pestilential cholora—is generally epidemic, though not contagious. The first symptoms are generally experienced during the night, sometimes beginning with a light general uneasiness and moderate diarrhea; at other times the symptoms come on violently and follow each other rapidly. In fatal cases death usually occurs at some period between six and twenty-four hours; in a few fatal cases the patient lingers two or three days. The ordinary course of symptoms are more or less diarrhea; the discharges at first feculent, but soon presenting the appearance of rice-water or gruel; there are flying pains, or sense of coldness in the abdomen, as if purgative medicine were about to operate; the countenance is pale; there is nausea, vomiting, prostration of muscular power, and nervous agitation; cramps in the legs, arms, loins and abdominal muscles, more or less severe; small, weak pulse, intense thirst, and urgent desire for cold water; in most cases cold, clammy skin; all these symptoms may appear successively or almost simultaneously. In some cases the premonitory symptoms exist for eight or ten days; and sometimes the patient is prostrated at once. When the disease comes on suddenly the cramps usually begin in the fingers and toes; rapidly extending to the trunk; the eyes are sunken and surrounded by a dark circle; there is vomiting and purging of white matters mixed with flocculi; the features are sharp and contracted; the expression of the countenance wild and confused. The face, extremities, and often the whole surface of the body manifest a varying intensity of a leaden, bluish or purplish hue; the extremities shrunken, the nails blue, the pulse thready or wholly imperceptible at the wrist, arm, axilla, temple or neck; there is great restlessness, incessant jactitation, severe pain in the epigastrium, loud moaning or groaning, difficult and oppressed breathing; difficult inspiration, with short and convulsive expiration; voice hoarse, whispering, or nearly suppressed and plaintive; the tongue is white, cold and flabby, and the external temperature often sinks below 80 degrees; convulsions recur at short intervals, or a constant tumor exists. The secretions of bile, saliva, tears and urine are extirely suppressed, and a cadaverous odor exhales from the body. The patient retains his faculties to the last.

Some of the symptoms may be disproportionately severe, or may be entirely absent. Those usually regarded as pathognomonic are: watery dejections, blue appearance of the countenance or surface, thirst, coldness of the tongue, and pulselessness at the wrist.

The time in which to treat the patient sick with cholera is exceedingly limited. What is to be done must be executed with rapidity. There is not

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a moment to lose between the time when the patient is first seen and the accomplishment of severely practical efforts. Many wise theories may be promulgated, but there are few practical measures that will avail against Asiatic cholera. Years ago great reliance was placed upon the far-famed "mild chlorid of mercury." Twenty and ten years ago this remedy was given in large doses. Three years ago, during the latest epidemic, small doses prevailed. Next to this, the synthetic drug salol, the product of the laboratory of the Imperial Institute of Experimental Medicine in St. Petersburg, was the most widely used and the most favorably received. The far-famed and seemingly unmatched drug, quinin, has been used by some of our best men, who believe that cholera is analogous to malarial disorders.

A remedy was brought to Hamburg during the latter part of the epidemic of 1892 by the representative of an English syndicate, who posed as a chemist, not a physician. His remedy was a preparation of iodin, to be administered through the mouth. He called the medicine a periodate, and made some experiments upon patients in one of the cholera hospitals in Hamburg. His remedy, however, was not favorably entertained by the medical authorities in charge of the cholera patients, and whatever claims were reported came through the interest of a friendly correspondent of one of the Hamburg weekly secular papers. Uretin was extensively used hypodermically for its alleged influence upon the secretions of the kidneys, upon the ground that the kidneys were to be aided by irritating them to greater functional activity to eliminate morbid elements through the urine. The result of many investigations recorded in Russian practice show that this drug is not to be commended. Digitalis was used, supposedly to benefit a weak heart. This remedy, if all useful, could be little more than palliative. The use of acidulated water was extensively employed in different hospitals in Europe as a drink, but not prescribed as a remedy. The water was acidulated with HCl and H_2SO_4. Subcutaneous injections of salt water were made. The proportion of salt was one-half of one per cent, and the amount of salt water injected subcutaneously was sometimes as much as a quart at a single injection. In one instance, during an illness of several days, as much as thirteen quarts was subcutaneously injected into the cellular tissue, principally that of the abdominal wall. The process of subcutaneous injection was known as hypodermaclysis, to maintain the volume of the blood. The diminished volume of the blood is directly the result of the waste of its liquid portion or serum into the alimentary canal. In this serous discharge, flakes of intestinal mucous gave the name of "rice-water discharges" to the bowel evacuations, the particles having resemblance to grains of rice. The general inflammatory state of the intestinal mucous membrane, throughout its entirety, drains the blood of its liquid portion rapidly, and collapse due to stagnation of circulation quickly ensues.

The cause of this disease is perhaps accurately stated to be due to invasion of the blood and, secondarily, of all the tissues of the living organism, by toxins or ptomaines, which originate in the upper portion of the small intestine at the early stages of cholera. These products of organic activity, whether of animal or vegetable organisms it is here unnecessary to debate; but these noxious products enter the circulation through the villi

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of the intestine and rapidly and desperately poison the blood. It is clearly proved that the disease is the result of the general blood poisoning from an intestinal origin. Whatever the chemic nature of the poison may ultimately be found to be, may be safely left to the bacteriologic laboratory. The practical and intensely important part that remains for physicians seeking to cure patients in times of this disease is to realize how much, as well as how little, it is within human power to do. The human organism is prostrated by a fierce and deadly poison. This poison is in the blood and in the cells of the tissues, and its work of destruction is quickly and effectually accomplished. Reflectively, to say nothing of experimental research, it would seem to me that the rational and only course that could be advocated with scientific assurance of relief is to, as far as possible, literally cause to be removed these products which are death-dealing to the body in which they happen to be found. Now, in this same reflective mood, think for a moment and try with me to determine whether it is possible in such conditions as produce the symptoms of Asiatic cholera, it is safer to introduce other poisonous products to neutralize the noxious elements in the blood and cells, or whether it is a better process to, without the introduction of additional foreign substances, remove what we already find in the blood. To make this proposition clearer, it could be stated in another way, namely, the body is already bearing a crushing burden; shall we add other foreign substances as an additional burden to the load already carried? The principle seems to me to be at fault. The principle is the principle of allopathy, but in the light of facts is it a safe principle to follow? It is reasonably scientific to produce in the laboratory, definite results in vessels of glass by the use of fixed reagents; in the organic laboratory of the living body, no such definite results can be demonstrated. The vital principle is an entity which enters into the formula and may be represented by the unknown quantity x in algebraic equations. Great and laudable efforts have been made to prevent as well as to cure this disease by inoculation.

Ferran, of Valencia, Spain, thrilled the world ten years ago with his proposition of a universal cure for this disease. His glory was then at its zenith. His fame has long since faded. So obnoxious become his proposition to the government of Spain that laws were adopted to suppress Ferran's cholera inoculations.

The result of prolonged reflection, covering many years, and the observations resulting from personal experience in the cholera epidemic, in Europe, of 1892, is the conviction that there is provided in the laboratory of the universe a remedy which surpasses the results of human ingenuity as much as does the sun surpass in brilliancy the light of the artificial lamp. The all-pervading and all-wide remedy, the greatest product of omniscient nature's laboratory, which alone can cope with this pestilential disease of the human race, is nothing more and nothing less than the unmatched, unmatchable H_2O. Pure water is absolutely the only trustworthy cure for cholera, and if it came at a great price it would probably be more greatly valued. The human organism is so constituted that if it is assisted by H_2O, every morbid element may be eliminated out of its domain. The acutely poisoned body quickly recovers its equilibrium and its harmony of

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action as soon as the processes of elimination can remove the Invading poison. In the construction of the mucous lining of all the accessible cavities and channels it is prepared by an undiscernible law to successfully resist the entrance of every form of organism. The products of organic action alone are able to pass into the blood. If sufficient quantities of pure water, of a suitable temperature, are introduced into the body through the natural channels, it is actually possible to wash morbid products as well as organic forms of life, out of the human body. The mouth gives entrance to the causative germs in Asiatic cholera. That is quite conclusively established. The locality of the development and formation of the toxin in the earlier stages is determined to be in the upper end of the small intestine; and from experience, as well as from the powers of reflective analogy, there is no doubt that the system can be saved from death if the morbid entity, the germ, is literally deluged away from the alimentary canal by the copious use of a remedy that can not be of the slightest danger to the victim. The amount of water to be used varies in different cases. It is impossible to use too much; it is possible to use too little. From the earliest moment that the patient is seen, the propositions should be, first, wash the whole alimentary canal with pure water; wash the lower portion by introducing irrigations of warm soapsuds or merely warm water into the colon sufficiently frequently and sufficient in quantity to cleanse that portion of the bowel effectually. The frequency of washing that portion of the bowel which is accessible from the rectum should be one, or two, or three, or four times a day, according to circumstances. At the same time from one to ten quarts of pure warm water mildly medicated with peroxide of hydrogen or hydrozone should be administered at regular intervals, during the day, as the prescribed remedy by the mouth. If the patient vomits, very well. Immediate re-introduce the quantity of water that was vomited. No harm can be done in any case, and if it is possible to save life it is possible to save it through this method. It is the quickest and the surest method of exciting the activity of the kidneys, and is the safest. It is the rational and effective measure for maintaining the volume of the blood. It is the scientific process by which to establish cutaneous circulation in the capillaries.

The use of simple and useful hygienic measures are the same as in other prostrating diseases. Patients should be fed with regularity at not too frequent intervals, giving the proper time, between administrations of simple food, for its digestion. The use of appliances for maintaining the heat of the body are not to be neglected.

The precise details of the method of treatment indicated at this time will be forthcoming in a subsequent paper.—*Jour. Am. Med. Ass'n.*

The Woman's Medical College has been organized in Kansas City, with the following officers: Dr. T. J. Beattie, President; Dr. John Punton, Secretary and Treasurer; Dr. Flavel B. Tiffany, Dean and Curator.

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EDITORIAL

ARE ANIMAL EXTRACTS ASSIMILABLE?

The living cells of complex organisms are the field not only of physiological action, but also of pathological, the essential difference being as to results, the nature of the products. Both processes are vital. The physiological processes in complex organisms, those of the higher orders particularly, are embraced under three categories, in which the possibilities of the vital force are complete, viz: cell growth; the production of tissue-connective; that of organs, and excretion. Secretions, performing a function in the body, may be classed as organs. All these are processes of the organism. In the organism of plants there is another function of vital cells, differentiated to a function found in no other class of differentiated cells, which function is that of artopoiesis—food-making. This class of vital cells is called chlorophyl, because the living matter which they contain is green. Their work is food-making. In them, the carbonic acid and an ammonia salt dissolved in water, the whole constituting the crude sap of the plant, are decomposed by the vital force, aided by the so-called physical forces, heat and light, and at once their constituent elements are formed, by the vital force dominating the chemical, into an organic product or substance known to botanists as elaborated sap, the food of the plant organism, from which all the tissues of, and all the substances found in, the plant are produced by vital-cell action. This function is not found in animals.

The products of vital action in plants consist of four classes, which differ from each other primarily as respects their constituent elements, and secondarily as respects their properties. The classes are: 1, those designated nitrogenous; 2, non-nitrogenous; 3, hydro-carbons; 4, chemical substances, both basic and acid, organic in structure.

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To the first belong all tissue foods, since they contain all the elementary constituents of food-substances. The non-nitrogenous are not regarded by physiologists as food substances because they lack the nitrogen of tissues. Yet they are largely consumed as food, and their use or need as food is based on the supposition that they are heat-producing substances, the heat being generated by the oxidation of the carbon and hydrogen of their molecule, by the oxygen inhaled in the respiratory action. This is the chemical theory of animal heat, based wholly on an assumption. The assumption is shown to be without reason by the fact that non-nitrogenous substances are appropriated as food by micro-organisms in the process of fermentation, in the presence of a nitrogenous compound. From this fact it may be reasonably inferred that they serve as food in the animal organism.

With this class of organic compounds, nutritious substances terminate. Hydro-carbons, organic bases and acids are not food-substances, and, consequently, undergo no change in the animal organism, except some of the oxy-acids and bases, and these only a purely chemical change; and very probably these changes take place in the primæ viæ. Carbo-hydrogens, however, undergo no charge by vital action, nor, indeed, by chemical, except at temperatures wholly destructive of vitality. Exposed to the atmosphere, and consequently to micro-organisms, they undergo no change by their action, because these chemical compounds are not a food, not assimilable nor decomposable by vital action. These substances are destructible only by purely chemical agents, acting under high degrees of temperature.

Though hydro-carbons are not assimilable as food by any living organism, yet we know that some oxy-acids are. This fact does not prove, however, that these acids are assimilable by the higher macro-organisms. For the fact remains that, in proportion as bodies of an organic origin and structure approach the structure of the inorganic, in that proportion do they become non-assimilable to vital structures. The same is true of such organic bodies as those whose properties are chemical.

In the light of these facts, how are we to view the use of animal extracts: as remedial or medicinal agents? As substances which are capable of being digested and assimilated? Some seem to think that they supply to tissues some constituent of tissue structure as an entirety, as lecithin to nerve tissue, under which action they cannot be considered either as a nutritious, nor as a medicinal agent. Animal extracts must act as either a food or a remedy, not as an extractive substance incorporated into tissues by a process unknown to the physiologist. The extractive substance of an organ of the body is supposed to contain some so-called active

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principle dissolved in the fluids of the organ, or incorporated in the tissues. But if this "principle" be not a substance with chemical and not physiological properties, it would be difficult to conceive to what class of bodies it should be assigned, if not to that called alkaloidal. It certainly must belong to this class of organic substances, if it has any medicinal property. This conclusion cannot be questioned by one acquainted with the active properties of alkaloids. If extractive substances have any influence over morbid action, they should be regarded as medicinal or remedial agents; and no such agent has yet been discovered that is not to be classed with alkaloids. These substances are never decomposed in the body into simple organic compounds, and as such assimilated to tissue. In the use of these substances it has never been observed that they have been decomposed or their chemical structure affected. They act as remedial agents in their entirety,—as a whole, and by virtues of the properties conferred on them by their structure, just as is the case with all purely chemical, or inorganic compounds.

The logic is certainly original—surprisingly original—that leads to the conclusion that an alkaloid, obtained from an organ in a state of health, as cerebrine from the cerebrum, will relieve that organ from a morbid action that tends to an alteration or destruction of its tissue; or that an alkaloid derived from the morbid secretions of an organ by the action of micro-organisms, should cure the disease that gives rise to the morbid secretions. And still more surprising, that the action of such alkaloids on an animal in health, should render the blood of such animal, or the serum of that blood, an antidote to the original disease that gave rise to the morbid secretions which provided the material for the subsequent experimentation.

THE ENSWORTH COLLEGE AND HOSPITAL.

The nineteenth session of this college opened on the 9th inst. with a good class as respects both the number and quality of students. The great majority are matured young men, and some in middle life. The scholarly attainments of the ladies in attendance, as well as the young men, give assurance of earnestness on their part, and a worthy ambition to make themselves proficient in their chosen work of life. The catalogue shows a full corps of instructors, who are equipped with the necessary means and facilities for instruction.

The hospital has been renovated from basement to mansard, and is well equipped with new beds and other furniture.

The trustees have associated the faculty with themselves in the administration of the hospital, and henceforth it may be expected that this department of the institution will meet the wishes, expectations, and wants of the profession and public at large.

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ARTHUR L. WRIGHT, M. D.,

President of the Medical Society of the Missouri Valley, was born at Madison, Wis., January 17, 1851. His parents emigrated to Wisconsin from the Middle States by way of the lakes and ox team long before the days of railroads.

His education was received at the public schools. At seventeen he commenced learning the painter's trade, which he followed for two years. At nineteen he attended a term at Rush Medical College, paying the college fees and his expenses out of money saved from his trade. He then entered the University of Wisconsin in the autumn of 1873, and graduated the following spring. He then located at Carroll, Ia., and began his professional career.

Dr. Wright's life in his chosen field has been a busy one. His practice during the last six or eight years has been largely consultation and surgery. He has done very many laparatories at his hospital in Carroll, and justly bears the reputation of a successful operator. Dr. Wright is the surgeon of the First Regiment I. N. Guards; district surgeon Chicago & Northwestern Railway. Is an ex-president of Iowa State Medical Society, and is now the retiring president of the Medical Society of the Missouri Valley.

Dr. Wright spent the past summer in Europe, pursuing his studies in the great hospitals of the continent. Few men have warmer personal friends than Dr. Wright of Carroll. F. S. T.

APPENDICITIS.

The question of appendicitis is like unto Banquo's ghost, it "will not down." At the late meeting of the American Medical Association, Dr. J. B. Deaver, of Philadelphia, read a paper on this subject. He insisted on the use of the term "appendicitis," and the avoidance of confusion from the use of the designations "typhlitis" and "perityphlitis." The diagnosis was based upon the initial pain, the gastric disturbance, the situation of the point of greatest tenderness, the torpidity of the bowel, following closely upon the ingestion of indigestible substances, or even of digestible substances when the integrity of the gastro-intestinal mucous membrane has been impaired, as from sudden exposure to cold, fright, grief, etc., together with rigidity of the lower right quadrant of the abdominal wall, nausea, or vomiting, a disposition to flex the thighs upon the abdomen, restricted abdominal respiration, increased pulse-rate, elevation of temperature, intense thirst, pain referred to the back, and abdominal distension. The

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causes of appendicitis included the presence of foreign bodies, indiscretion in diet, exposure to cold or wet, occlusion of the lumen of the appendix from various causes. As all inflammations were septic, drainage was essential for recovery. Early operation was a conservative and not a radical procedure. The proportion of cases in which but one attack occurred and was followed by recovery, was exceedingly small as compared with those in which the attack was repeated, and a condition of invalidism existed in the interval. Early operation was, as a rule, a comparatively simple abdominal procedure. Operation at the end of an attack or in an interval was usually more difficult. Remonstrance was made against the median incision, first, on anatomical grounds, and second, because the peritoneal cavity could not so well be protected against infection. The two incisions to be considered were that through, or immediately to the inner side of, the linea alba (not cutting the rectus but pushing it inward); and that through the abdominal walls according to the method of McBurney. In any event the incision should be small. In the discussion, Murphy, of Chicago, laid particular stress on making the diagnosis at once, and operating, if possible, within twelve hours after the commencement of the illness.

Milk as a Food.—Dr. H. F. White, of Crawfordsville, Ind., (*Scientific American*) relates its experience with an all-milk diet, as follows: "I recently tried the experiment of living thirty days with only sweet milk as a nourishment. At the beginning I had no difficulty in changing my diet from solid to liquid. During the thirty days of the experiment I lost five and one-half pounds in weight, but I lost no strength. I think that I lost the weight because the weather was warm, and because I took so much exercise. I rode a bicycle considerably during the time, and used 16-pound dumb bells and other heavy weights every day (except Sundays). I took much more exercise than I usually take, as I was determined to test the thing fairly. On the seventh day of the experiment I ran several foot races with a skillful runner, and was beaten in each race. On the thirtieth day I ran some more races with the same person, but did better than in the first races. This fact proves that I lost no strength. I took four pints of milk daily for the first three weeks of the experiment, and five pints daily for the last week. I think that a healthy person should take about five pints of milk daily when no other food is being taken. I drank milk after intervals of two hours during the day, commencing at 7 o'clock in the morning and continuing till ten o'clock at night. Then I would take no more till the next morning. My principal reason for trying the experiment was to endeavor to establish the fact that persons convalescing from sickness may grow stronger with no other nutriment than sweet milk, and that they are not obliged to take "something solid" to eat, as so many people imagine. Many a convalescent has gone to his grave as a result of overtaxing his weak stomach by putting "solid" food into it. The result of the experiment also shows that the old belief that "bread is the first essential of (human) life" is erroneous. I believe that a man could live for any length of time, and take heavy exercise all the while, with no other food than sweet milk."

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The Physician's Library.

A COMPLETE CASE RECORDER IN GENERAL MEDICINE AND GYNECOLOGY, for the Use of Physicians, Students, Dispensaries and Hospitals; By S. B. Lyon, M. D. A. L. Koursh & Co., Publishers, Chicago, Ill.

This work is what its title describes. It will be found exceedingly useful to the practitioner, and especially so in Dispensaries and Hospitals. Price, 20 cents.

THE POCKET MATERIA MEDICA AND THERAPEUTICS. A Résumé of the Action and Doses of all Officinal and Non-Officinal drugs now in common use. By C. Henri Leonard, A. M., M. D., Professor of the Medical and Surgical Diseases of Women and Clinical Gynecology in the Detroit College; Member of the American Medical Association, etc., etc. Second Edition, Revised and Enlarged; Cloth, large 16mo., 367 pages, price, post-paid, $1.00. Detroit, 1895: The Illustrated Medical Journal Co., Publishers.

The second edition of this popular therapeutic work has had 67 pages added to it, besides typographical errors corrected, etc. A new and complete cross-index has been prepared, which renders possible the quick finding of a non-familiar drug. It is a "down-to-date book," and this with unique arrangement of its description of drugs and compounds secured for the first edition an order by cablegram for 1,000 copies from Bailleire, Tindall & Co., one of the largest medical publishing houses in London; a compliment rarely paid any American book. It has been a popular book with physicians, pharmacists and students on this side of the water, judging from the early exhaustion of the first edition. The descriptive arrangement of the drugs is as follows: Alphabetically the drug, with its pronunciation, (officinal or non-officinal standing indicated), genitive case ending, common name, dose and metric dose. Then the English, French and German synonyms. If a plant, the part used, habitat, natural order, botanic description, with alkaloids if any; if a mineral, its chemical symbol, atomic weight, looks, taste, how found, its peculiarities. Then the action and uses of the drug or compound, its antagonists, its incompatibles, its synergists and then antidotes. Then follow its officinal and non-officinal preparations with their medium and maximum doses. We believe it to be the most complete and exact of any of the books of its class now issued, and its moderate price is to be commended.

New Book.—Messrs. Blakiston, Son & Co. announce that they have in preparation for early issue, an authorized translation by Dr. Albert B. Hale, of Chicago, of a Handbook of Diseases of the Eye, by Dr. A. Eugen Fick, of the University of Zurich. This will be one of the most complete, thorough, and compact of text-books. Among its other merits it will contain a number of very handsome colored illustrations, not of rare or unusual cases, but of practical matters that will greatly aid the student and be of much service to the practitioner. The retail price will be from $3.00 to $4.00.

P. BLAKISTON, SON & CO., 1012 Walnut Street, Philadelphia.

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DEPARTMENTS

LARYNGOLOGY AND OTOLOGY.

IN CHARGE OF WILBUR W. BULETTE, M. D., PUEBLO, COL.

Laryngologist and Otologist to Pueblo Hospital; to Pueblo Children's Home; to Colorado State Insane Asylum; Member American Medical Association; Colorodo State Medical Society; Pueblo County Medical Society; Honorary Member Philadelphia County and Northern Medical Societies, Philadelphia, etc.

Anemia of Nasal Origin.—Chabory (*Rev. Int. de Rhin*, V, 1895) describes in full the clinical conditions which may result from partial or complete nasal occlusion, as affecting blood integrity. He enumerates the following causal conditions: 1. Nasal obstruction, lessens the amount of air gaining access to the lungs, thereby restricts hematosis and prevents the formation and elaboration of the red blood-cells. 2. Buccal respiration, which incompletely replaces nasal respiration because the air thereby presented to the lungs has not undergone the normal physiological changes. 3. Epistaxis. 4. Mucous and muco-purulent discharge from the pituitary membrane, which may be abundant, and, by their continuance, produce a veritable drain upon the system. 5. Fever, due to infection and inflammations of the pituitary membrane. 6. Malignant tumors of the nose. 7. Troubles of the respiratory and digestive systems, and nervous trouble secondary to nasal affections.—(*Amer. Medico-Surg. Bulletin.*)

Thyroiditis Acuta Simplex.—Halger Mygind (*Jour. Laryngology*, IX, 1895.)—The writer means by this term an acute inflammation of a previously healthy thyroid gland. This is a very rare condition, and he has succeeded in collecting seventeen cases from literature. To these he adds one case from his own practice. Of the eighteen cases, eleven were females and seven males. (The thyroid gland is naturally larger in women than in men.) The malady is most common between the ages of 20 and 30. None of the patients in question were born where goiter was endemic, neither was there any case in which it was proved that there were relations with goiter, and in none is mention made of a subsequent development of goiter. Some of the patients were weakened by previous diseases, while others were perfectly strong and well. As to immediate exciting causes, nothing definite can be said. The attack is often referred to "cold," etc., but the malady often begins with catarrhal febrile symptoms, very much, in fact, like the onset of a tonsillitis. Rheumatic fever is the immediate cause most frequently met with. All the cases recovered, and hence there are no post-mortem findings. The lobes of the gland are enlarged, the capillaries presumably injected, and the capsule thickened. The form of inflammation is probably that of a simple exudation, with perhaps, in prolonged cases, the production of new connective tissue. The onset of the disease is characterized by a general febrile action, with distinct pain in front of the neck. The characteristic enlargement of the gland is generally deferred for a few days. When once it has set in, it increases rapidly, being at first some-

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what diffuse, without sharp boundaries, with more or less infiltration of the periglandular tissue. With the progressive increase in size comes increased pain. The size reached may vary from that of a hen's egg to that of a mass occupying the entire front region of the neck, from the inferior maxilla to the sternal incision. If circumscribed redness and tenderness appear, pus formation may be suspected. Pressure symptoms are dysphagia, dyspnea, cough and hoarseness. All the authentic cases on record have recovered, both as to life and as to restitutio ad integrum. A small remaining nodulous infiltration is the exception rather than the rule.

As to treatment: Energetic local and general antiphogistic measures are indicated. Some authors are of the opinion that ice, leeches, mercury, etc., prevent suppuration. Tracheotomy was not necessary in any case of the series. The author notes in literature the recital of twenty-one other similar cases, but the data thereof is not, in his judgment, sufficiently accurate to include them in his series,—(*Amer. Medico-Surg. Bulletin.*)

Laryngeal Strain.—Haring (*Journal of Laryngology*) declares that in many cases he has observed the following condition: The free edges of the cords are bent toward the median line, with their convexities presenting toward each other. This is noticeable only on phonation, when it is seen that the cords touch each other at a point just anterior to their middle, their posterior and anterior segments not approximating. The latter are frequently hidden by the epiglottis so that the former alone are visible. Hence the condition is frequently mistaken for paralysis of the arytenoideus. This point of contact is the spot at which nodes most frequently develop, and it is certain that, if the voice is much used in this state, the mechanical impact will cause a node, and still further impair the voice. The tensor of the cords, the crico-thyroideus probably suffers first in this strain, and while thus weakened cannot fully antagonize its opponents, especially the thyro-arytenoid, and thus the edge of the cord is not kept straight, but allowed to bridge toward the middle. Paresis, due to catarrh or neurosis, generally show a concavity of the cords, instead of a convexity.

Treatment of Acute Phthisis by Continuous and Persistent Reduction of Body-Temperature.—Reid (*Australian Med. Jour.*) believes "that it is theoretically and scientifically correct to try the effect of a continuous and persistent antipyretic and bacillicide form of treatment, based on the idea of both lowering the activity and consequent virulence of the bacilli by reducing and keeping reduced, the all-necessary surrounding temperature, and at the same time exposing them, when thus weakened and attenuated, to the destructive power of some trustworthy bacillicide." Antifebrin is recommended as the antipyretic, the temperature never being allowed to go above 101° F. The application of a spirit lotion to some absorbent material placed on the chest is also recommended. Inhalation of undiluted creosote, alternating with the administration of the drug by the stomach in gradually increasing doses is the germicide. The history of one case in which this mode of treatment was tried is given in detail, and shows a great amelioration in the condition of the patient, the tubercle bacilli having entirely disappeared from the sputum with a cessation of all the physical signs of phthisis.

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IN THE JOURNALISTIC REALM

New Journal.—*The Los Angeles Polyclinic*, by J. F. T. Jenkins, C. M., M. D. is the latest addition to our exchange table.

The National Popular Review, so ably edited the past two years by Dr. Remondino, of Los Angeles, has been consolidated with the North American Practitioner, of Chicago, published by the J. Harrison White Co., and edited by Dr. Hollister.

The Medical Fortnightly, under the management of Dr. Frank Parsons Norbury, who is now permanently located in St. Louis, will remain a bi-weekly, but will increase to one thousand reading pages per volume. We predict continued success for Dr. Norbury.

Index Bibliographical.—Dr. Marcel Baudouin, general secretary of the Association de la Presse Medicale, Paris, proproses to establish "*La Bibligraphic Scientifique*," in case the *Index Medicus* is not revived, and requests all medical publishers to co-operate with him in the enterprise.

The Fourth Estate, a Newspaper for the makers of Newspapers, by Ernest F. Birmingham, New York City, is a breezy, attractive sheet for everyone interested in publishing or writing for the press. It is illustrated, nicely printed, and furnishes the most entertaining batch of after-dinner reading (for $2.00 per year) we have enjoyed for some time.

Medical Sentinel, Portland, Oregon, has issued a little brochure, that we are sure will make friends for that enterprising monthly. Dr. Coe knows just what to say and how to say it, and this little booklet is but further evidence of his ability as a journalist. A half-tone engraving of a baby embellishes the cover page, over the appropriate caption, "The Naked Truth."

New Brochure.—"A List of the Medical Advertisers of the United States," is the title of the book just issued by the American Medical Publishers Association, containing a carefully revised list of those using the advertising pages of medical and pharmaceutical publications, arranged by States, in convenient form for the pocket. Leatherette binding. Price 50c. To be obtained of the secretary, CHARLES WOOD FASSETT.

Newspaper West, a pretty illustrated monthly, comes from Hiawatha Kans sas, and stamps its editor aud publisher as a genius. The issue before us contain- thirty-two pages of interesting matter, and is brimful of pointers to editors, publishers, and advertisers. Mr. Ewing Herbert, although a young (unmarried) man, has a head on him that would grace a Webster. Mr. Herbert is also editor and publisher of the Hiawatha World, the leading weekly of Brown county.

The American Physician.—The prospectus of this new monthly has been received, and indicates a progressive, high-toned magazine. The intention of the publishers, R. N. Plummer & Co., is to remove to New York City, from Philadelphia, and issue the first number on October 1st. Mr. Robert Newton Plummer who for several years was connected with the *Medical Record*, will conduct the business end of the enterprise, which is equivalent to predicting unbounded success.

Arena.—The August number of that king of monthlies is on our table, and contains the usual number of interesting articles from the pens of some of our grandest thinkers. No one who wishes to keep posted on the scientific, political or social problems of the day, can afford to miss one issue of the *Arena*. Though rather late in doing so, we wish to lift one more voice in congratulation to Dr. Flower on his June article on the social problem. We agree with many who have spoken before us, that he has struck at the root of the social evil.

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A Good Feature.—*The Atlantic Medical Weekly* uses heavy-faced type for its proper names.

The Journal of the American Medical Association now contains 48 large pages weekly, and Dr. Hamilton may well feel proud of the progress this magazine has made under his able management, for it is apparent to every member of the Association. Every doctor in the United States should become a member of the Association and read the Journal.

Bulletin of the A. M. P. A. for August is filled with interesting news for the medical publisher, and the advice concerning advertisers is particularly serviceable, and will prevent many publishers from being imposed upon by irresponsible parties. An article on Medical Journal Advertising, by Mr. Chas. Roome Parmele, of New York, and a biographical sketch and portrait of President Edwards add interest to this number.

Journal of Medicine and Science.—We are pleased to note the constant improvement in this enterprising magazine, under the management of Dr. Geo. H. Haynes, and he announces an increase to forty reading pages with the coming year. Dr. Haynes has lately favored us with a number of beautiful booklets, regarding Portland and the State of Maine, compiled and published by himself, which reflect great credit upon his ability as a writer and upon his State as a peerless summer-resort.

The Missouri Editor, as its name indicates, is a periodical (editors are apt to be), designed to interest and instruct those who run a newspaper for a living. It is also very serviceable in steering the country editor clear of the advertising shark and the unscrupulous advertising agent. It is edited by Mr. Walter Williams, of the *Columbia Herald* (which, by the way, is one of the handsomest weeklies in the West), and published once a month by E. W. Stephens, who will not exchange with you unless you pay him a dollar to boot.

The Medical Herald.—St. Joseph, Mo., as we have said before, can boast of a medical journal of which it has reason to feel proud. THE MEDICAL HERALD is one of the best edited medical periodicals in the whole country, but not its editorial department, but its business department, in this item is specially referred to. Chas. Wood Fassett, although not a doctor, knows just what is necessary to make a periodical of value to medical readers and to medical advertisers. THE MEDICAL HERALD has the neatest cover page of any journal which comes to our exchange table, and when one gets into the book he finds something of interest all through it THE HERALD advertising pages must pay the publishers well, and advertisers cannot fail to make money from its use.—*Medical Sentinel.*

Late Literary News.—Not since "The Anglomanics" has there been so clever a society satire as Henry Fuller's "Pilgrim Sons," which is published in the August *Cosmopolitan.* The problems involved in woman's use of the bicycle are so startling and so numerous, under the rapid evolutions of this art, that one welcomes a careful discussion of the subject by so trained a mind and so clever a writer as Mrs. Reginald de Koven. The *Cosmopolitan* illustrates Mrs. de Koven's article with a serious of poses by professional models. A new sport more thrilling than any known to a Nimrod, more dangerous than was ever experienced by even a Buffalo Bill, is exploited in the same issue is an article on "Photographing Big Game in the Rocky Mountains," before shooting. The idea that ten cents for the *Cosmopolitan* means inferiority from a literary point of view is dispelled by the appearance in this number of such writers as Sir Lewis Morris, Sir Edwin Arnold, Edgar Faucett, Tabb, W. Clark Russel, Lang, Sarcey, Zangwill, Agnes Replier, etc. Nor can we entertain the idea of inferiority in illustration with such names as Hamilton Gibson, Denman, Van Schaick, Lix, Sandham, etc., figuring as the chief artists of a single month's issue.

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NEWS AND MISCELLANY

New Society.—The physicians of Douglas County, Kansas, met at Lawrence, Kan., August 10. and formed a society. The following officers were elected: President, W. S. Bunn; vice-President, J. I. Douthart; Secretary, H. Ernest.

The Certificate Killed Him.—Mr. S. G. Sea, whose certificate of "cured by the Amick Co.," has been published broadcast throughout the land, and who at one time, was connected with the concern itself, died of consumption last month. Comment is unnecessary.

Sad Sequela.—The *Medical Record* relates the case of a practical joker who tickled the ear of a sleeping friend. The latter awaking with a sudden start, caused the splinter to penetrate the tympanum and spread inflammation to the brain, resulting fatally in a short time. Verily a special fool-killer is needed for the practical joker.

Four of a Kind.—In making examination of a recruit for the United States army, he was found to have four testicles. Three were on the left side of the scrotum, and one on the right, all apparently perfect, yielding the peculiar pain incident to pressure. Three were large and well developed, and one, situated high up in the scrotum, was small. There appeared to be but two spermatic cords, though the two large testicles in the left side seemed connected by a subsidary spermatic cord, which would indicate that one was supplied from the other.—*Medical Record.*

Something New in Monkeys.—Doctor MacGowan, a missionary physician in China, has for some time displayed the distinguishing characteristic of a modern Munchausen. He has told some very stiff tales, and, being stimulated by the notoriety achieved, has now capped the climax by declaring there is a race of monkeys inhabiting the mountain region of Chegiang, China, that have made extraordinary progress in the art of making wine. A number of these quadramana were frightened during their migration from one mountain to another, and dropped in their flight earthern vessels, some of which would hold a quart; and in these were found two kinds of wine, respectively of pink and green hues, that had been made from mountain berries. He affirms this species of our four-handed cousins store this liquor for winter use when the water is all frozen. Next.—*Medical Age.*

A Chance for the Young Doctor.—Some of the young physicians and surgeons who have been graduated from the medical colleges of late, may find a service to their liking in that of the medical corps of the United States Navy. It is announced from Washington that at the present time there are thirteen vacancies in the lower grade of these naval surgeons and that there is a desire to fill them. The examinations of the applicants are rather severe, not more than 50 per cent of those applying having been accepted in the past years, but once in the navy as a member of the medical corps, the life of the surgeon is an easy one and the pay not bad at all. The one objection of the surgeons seems to be that the junior medical officers on board ship are not recognized on the same scale of dignity that holds in the army. The young ship doctor is not always accorded the privilege of dining with the elder officers and he is made to understand that in a measure he is a distinct subordinate. This may be a drawback, but it certainly does not seem that it is of sufficient weight to deter young surgeons from applying for such a chance. The experience given by ship board practice may or may not be very great, but there are advantages which more than meet any such objections. It seems astonishing that there should be so few applications for these positions. It is officially announced that there is a desire to get some more surgeons and so we commend this subject to some of the new doctors who are waiting and watching for patients.

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American Dermatological Association.—The nineteenth annual meeting of the American Dermatological Association will be held at the Windsor Hotel, Montreal, Canada, September 17, 18 and 19, 1895.

The American Public Health Association will convene at Denver, Colorado, Tuesday, October 1, at 10 o'clock a. m., and continue four days. The regular sessions of the Association will be held in the assembly room of the Brown Palace Hotel. Interesting topics have been selected for consideration.

There's Danger Ahead.—The story recently told by the daily press of the demented condition of an old man who for many years had worn a "silver-plate" in his head, reminds us that the asylums are likely to be called upon to accommodate a great many more inmates from this same cause before long—Silver on the brain.

Returned Home.—The St. Joseph physicians who have been off taking their much-needed rest, have nearly all returned home, much benefited by their outing. Among those who may now be found ready for business, "at the old stand" are Drs. Jacob Geiger, Thos. H. Doyle, H. W. Westover, Hiram Christopher, and E. A. Mendell.

Fraker's Surgery not Good.—When Dr. Fraker disappeared A. D. Orear of Excelsior Springs, Mo., owed him a surgical bill of $97, for which Fraker's executor brought suit. At the trial just ended Orear filed a counter claim, setting up that the surgery was not skilfully and properly done and that he, by that reason, owed nothing. John Dougherty of Liberty appeared for the defendant and W. S. Courtney for the plaintiff. The justice gave judgment for the defendant.

Does Electrocution Electrocute?—George D. Burton, the New York electrical expert, gives it as his opinion that nearly every criminal executed by the ordinary current, may be brought back to life by the d' Arsonville method, if applied immediately. He also says that the 2000 volts usually applied is insufficient, unless turned off and on a number of times. If this be true, Dr. Buchanan must have enjoyed the keen pleasure of being dissected alive, as it was but five minutes after the current was turned off that his brains were being scrutinized by the assembled physicians.

Illinois Vaccine Laboratory.—The sum of $3,000 was appropriated by the Illinois Legislature at its last general session for the purpose of establishing, equipping and maintaining a laboratory in connection with the State University at Champaign, for the propagation of pure vaccine virus. The trustees of the University, it is provided, shall have the management of said institution, though the State Board of Health is to excercise supervision of the methods of propagation and shall certify to the purity of all products. All physicians and health officers within the State are to be furnished with the product of the laboratory at the cost of propagation. A report of the management, together with a statement of the receipts and disbursements is to be made and included in the annual reports.

A Word Regarding Rheumatism.—Without a certain and efficient eliminator of the materias morbi of rheumatism, either in its integrity, or especially after being acted upon by so-called specifics, we may expect indifferent results in a majority of cases. The value of colchicin as an anti-rheumatic depends not upon its acting as a specific or neutralizer of the toxic elements of rheumatism (whether due to free or uncombined uric acid) but rather to its action upon the emunctories, largely the bowels and kidneys, but in no small degree the skin, and through these throwing off the toxic secretions and detritus compound, rich in nitrogen. By combining the well known action of phytolacca, iodine (as iodic acid) solanine and the salicylates with the eliminative properties of colchicin, systematically and continuously, we have (Henry's Tri Iodides) an effect that we cannot reasonably expect from any one or two of the agents extemporaneously combined--a very good reason for its trial.

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PERSONALITIES

Dr. W. H. Richardson, late of Grant City, has opened an office at Sixth and Felix Streets.

Mr. Frederick Scheibe, for thirty years a well-known druggist of this city, died suddenly last month.

Sir John Tomes, F. R. S., died in London, on July 29, at the age of 80 years. He was the pioneer teacher of modern dental surgery.

Dr. Frederic S. Thomas, of Council Bluffs, Ia., was recently elected Professor of Mental Diseases in the Creighton Medical College, Omaha.

Dr. H. H. Holmes, the many-times murderer of Chicago fame, is said to be a graduate of the Medical Department of the University of Michigan.

Dr. Thomas B. Lacey, of Council Bluffs, has been elected Professor of Surgery (fractures and dislocations) in Creighton Medical College, Omaha.

Dr. A. Brothers, of New York City, won the Wm. F. Jenks Memorial Prize of $500 for the best essay on "Infant Mortality During Labor and its Prevention."

Dr. R. M. Hollingsworth, the genial past-editor of the *Journal of Materia Medica*, will now devote his entire attention to the manufacture of pharmaceutical preparations.

Drs. Donald Macrae and Donald Macrae, Jr., of Council Bluffs, have accepted chairs in the Omaha Medical College. The former of Railroad Surgery, the latter of Anatomy.

Dr. F. E. Stewart, of Detroit, Mich, paid a brief visit to relatives in this city last month. Dr. Stewart has charge of the Scientific Department of Frederick Stearns & Co., Manufacturing Chemists.

Dr. T. K. Sawyer, the former popular Health Officer of St. Joseph, but of late practicing in Morrill, Kansas, has returned to his first love, and has opened an office at 2004 South Tenth Street. The doctor is welcomed by a host of friends.

Dr. Frank Parsons Norbury who recently removed to St. Louis to assume the editorial management of the *Medical Fortnightly*, has been elected to the chair of Practice of Medicine and Clinical Medicine in the St. Louis College of Physicians and Surgeons.

Dr. Geo. W. Fraker, the insurance fraud of Excelsior Springs, has at last really been captured. The doctor was found living in a hermit's cabin in Minnesota. The story of his supposed death by drowning is well known to all HERALD readers. He will be placed on trial at once.

Dr. Charles Lengel of Kansas City, an account of whose insanity appeared in THE HERALD, and who was subsequently committed to the St. Joseph asylum, from which he was released but a few weeks ago, committed suicide in Kansas City in August, by taking morphine.

Dr. A. L. Hummel has removed his office to more spacious quarters in the more spacious City of New York, where better facilities are afforded for handling his rapidly increasing business. Reports from Denver say that the Doctor's health is much improved by his Western outing, and his friends all hope he will return in his old time vigor and health.

Dr. William Hotchkiss, alleged to have reached the age of 140 years, died in St. Louis April 1st. He went to St. Louis forty years ago, and has always been known as the "color doctor." In his peculiar practice of medicine he termed his patients members of his "circle," and claimed to treat them by a magnetic process. Dr. A. J. Buck says that the Masonic record has been traced back one hundred years, showing conclusively that he was at least 121 years old. A letter received from his old home in Virginia, over a year ago, says that he was born there in 1755.—*Nat'l Pop. Review.*

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THE MEDICAL HERALD

MEDICAL HERALD COMPANY, - - - - PUBLISHERS.
CHAS. WOOD FASSETT, - - - BUSINESS MANAGER.

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CORNER SIXTH AND CHARLES STS.

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TELEPHONE NOS. 196 AND 736.

THE HERALD'S circulation being among a class of physicians who PAY THEIR SUBSCRIPTIONS (and consequently READ each issue), this journal naturally offers the best opportunity to those advertisers who desire to reach the thrifty and progressive practitioners of the West and South.

AMUSEMENTS IN ST. JOSEPH.

THE CRAWFORD THEATER—Fifth and Jule streets—First-class attractions at popular prices. Seats reserved four days in advance. BROWNIE WALLACE, manager.

THE NEW TOOTLE THEATRE—Finest House in the West.—TOOTLE ESTATE, Proprietors. Fifth and Francis Streets. Do not fail to visit the Tootle Theatre. Seats reserved by mail or telephone.

Wanted.—Situation as clerk by a Physician; ten years experience. Registered in Missouri. Address A. C. MAJOR, Kearney, Mo.

Take a Tumble.—You will miss a rich treat if you fail to see the new adv. of Codliver Glycerine in this issue. For originality, comedy and good "horse sense" it certainly takes the cake.

Are You Tired of the uncertain and oftentimes deplorable results following the use of morphia and other opiates? If so, read the announcement of the Gurania Chemical Co., on page 473 of this issue and be enlightened.

The Crawford Theatre.—This play-house has opened for the season, under the management of Mr. Brownie Wallace, an experienced theatrical man, whose local acquaintance with press and public will serve him well in popularizing the Crawford.

Doctor.—Advice given in difficult medical cases, by an old physician, who has had more than ordinary success in the treatment of disease. Write him a statement of the case that puzzles you. Inclose $2.00, fee for consultation. By return mail you will get his opinion, and the plan of treatment he prescribes.
Address, ELI G. JONES, M. D. Ph. D., 84 Fair St., Paterson, N. J.

Souvenir Editions.—This issue and the next number of THE HERALD are prepared especially as compliments to the Missouri and Mississippi Valley Medical Associations, and every member of these progressive Societies will receive copies, whether subscribers or not. The October number will contain reports of both the Council Bluffs and Detroit meetings, with portraits of the officers. Subscriptions ($2.00) received this month will pay you up to January, 1897, including King's Country Doctor, Funnybone, or any premium mentioned on page 92.

Sander & Son's Eucalypti Extract (Eucalyptol).—In the article treating on inhalations of eucalyptus in cases of diphtheritis (Berlin *Klin. Wochenschrift*, 1876, No. 21) by Prof. Dr. Mosler, Director of the Medical clinic of the University at Griefswald, it is stated: "The oleum eucalypti folies, I employed in my tests, I received through Holzle & Chelius, Frankfort-on-the-Main; it must not be mistaken for the more frequently offered oleum eucalypti australe which is obtained from the wood of the eucalyptus trees. This latter oil is used commonly for mechanical purposes and has a far cheaper price; it is, however, no longer applied by me as an internal medicament." We certify that the oleum eucalypti folies named in the Berlin *Klin Wochenscrift*, 1879, No. 21, and there mentioned to have been procured from us, was the product of Messrs. Sander & Sons, Sandhurst, Australia. Holzle & Chelius, Frankfort-on-the-Main, Agents.

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SUPPLEMENT TO THE MEDICAL HERALD

PROGRAM AND ITINERARY

THE MEDICAL SOCIETY OF THE MISSOURI VALLEY

The Society will convene at Council Bluffs, Ia., September 19th, 1895, at 10 a. m., adjourning for the day at 5:30 p. m.

The second day's session will convene at Council Bluffs, September 20th, at 10 a. m. and adjourn at 12 m.

The third day's session will convene at Hot Springs, South Dakota, on the afternoon of September 21st, 1895.

OFFICERS

President, A. L. WRIGHT, Carroll, Ia.
First Vice-President, EWING BROWN, M. D., Omaha, Neb.
Second Vice-President, H. B. JENNINGS, M. D., Council Bluffs, Ia.
Treasurer, THOMAS B. LACEY, M. D., Council Bluffs, Ia.
Secretary, FREDERIC S. THOMAS, M. D., Council Bluffs Ia.
Asst. Secretary, DONALD MACRAE, JR., M. D., Council Bluffs, Ia.

DONALD MACRAE, M. D., Chairman of Committee of Arrangements for Council Bluffs, and
C. W. HARGENS, M. D., for Hot Springs, S. D.

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NEAR DAVIS COTTAGE

IN LOVERS' GLEN

PROGRAM

September 19

a 10 a. m. Organization
b Registering. Payment of dues.
c Report, Com. on Credentials
d Reading of the minutes
e Report, Com. of Arrangements
f Miscellaneous business
g Report, Com. on Excursion
h Report, Judicial Council

Presentation of Papers

1 *Scarlet Fever; treatment of complications and sequelæ*
H. M. McCLANAHAN, M. D., Omaha

2 *Pruritis Ani*
DANIEL MORTON, M. D., St. Joseph, Mo.

3 *Recent progress in Rhinology*
GEO. WILKINSON, M. D., Omaha

4 *Protoplasm*
J. S. FOOTE, M. D., Omaha

5 *Placenta Previa, its dangers*
J. H. TALBOY, M. D., Sioux City

6 *Some mechanical problems in cases of Hernia*
B. B. DAVIS, M. D., Omaha

7 *Treatment of Hernia (injection, mechanical, operative)*
C. C. ALLISON, M. D., Omaha

8 *Twenty-three cases of Paraplegia complicating Pott's disease, &c.*
W. ROSS MARTIN, M. D., Omaha

9 *The ethics of the prognosis*
B. F. CRUMMER, M. D., Omaha

10 *Face presentation*
A. D. WILKINSON, M. D., Lincoln

11 *Quiet Iritis—two cases*
H. LESLEY BURRELL, M. D., Omaha

12 *Renal Calculi*
J. M. BARSTOW, M. D., Council Bluffs, Ia.

13 *Intra-Abdominal injuries from horse kicks*
A. F. JONAS, M. D., Omaha

14 *Positive diagnosis not always made from history and examination*
P. S. KEOGH, M. D., Omaha

15 *Blepharitis Ciliaris*
H. S. McGAVREN, M. D., Omaha

i Election of Officers

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September 20

9 30 a. m. Presentation of Papers, continued.

16 *Chronic Cystitis in women, treatment by dilatation and rest*
CARL ENGEL, M. D., Minden, Ia.

17 *Criminal Abortion, and its legal technicalities, &c.*
FRANK L. BROCKETT, M. D., Shenandoah, Ia.

18 *Fatty infiltration of the heart*
H. B. LOWRY, M. D., Lincoln

19 *Disease of the Frontal Sinus*
F. S. OWENS, M. D., Omaha

20 *An interesting condition of Fallopian tubes revealed during an operation for double Pyro-Salphinx*
J. B. KNOTT, M. D., Sioux City

21 *A paper*
R. BEVERLY CAMPBELL, M. D., St. Joseph

Adjournment for the day

Excursion to Hot Springs, South Dakota (afternoon)

VIEW ACROSS THE HILLS

Saturday, September 21, at Hot Springs Opera House

21 *Varicose veins of the leg and their treatment*
A. L. WRIGHT, M. D., Carroll, Ia.

23 *Pathology and etiology of Appendicitis; some recent investigations*
W. R. LAVENDER, M. D., Omaha

24 *Some thoughts on Appendicitis as a purely surgical disease*
DONALD MACRAE, M. D., Council Bluffs

25 *Report of a case of operation for wandering gall-stone*
J. E. SUMMERS, Jr., M. D., Omaha

26 *Report of surgical cases*
J. P. LORD, M. D., Omaha

27 *Treatment of Pneumonia*
H. B. JENNINGS, M. D., Council Bluffs

28 *Mountain Fever*
W. E ADAMS, M. D., Hot Springs, S. D.

29 *Climate and mineral water in the treatment of chronic diseases*
C. W. HARGENS, M D., Hot Springs. S. D.

Banquet at the Catholicon Sanitarium

ON THE WAY TO BATTLE MOUNTAIN

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EXCURSION TO HOT SPRINGS

KEEP YOUR EYE ON THE DATE, AND MAKE UP YOUR MIND TO JOIN US

SUN	MON	TUE	WED	THU	FRI	SAT
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

Through the courtesy of the Fremont, Elkhorn & Missouri Valley and the Burlington & Missouri River Railway Companies, an excursion to the

HOT SPRINGS OF SOUTH DAKOTA

is tendered to the members of

THE MEDICAL SOCIETY OF THE MISSOURI VALLEY

and their wives, leaving Omaha on the afternoon of September 20.

• •

Members wishing to enjoy this three days' "outing," must forward to D. MACRAE, M. D., 541 Broadway, Council Bluffs, not later than September 10th, $3.00, for the purpose of securing berth.

• •

The expense of the trip will be for sleeping car service only; not exceeding ten dollars for double berths for three days.

• •

Physicians accepting this courtesy from the railway companies must obtain their credentials from the Chairman of Excursion Committee, Dr. Macrae.

• •

This trip to the "Great Health Resort" of the West is tendered to the physicians and their wives only.

Respectfully,

FREDERIC S. THOMAS, M. D.
Secretary.

Council Bluffs, Ia.,
September 1st, 1895.

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ITINERARY.

First Day—September 19, at Council Bluffs, Iowa.

10:00 A. M.—Society meets in annual session.
4:30 P. M.—Election of officers.
5:30 P. M.—Adjournment.
At night—Carnival at Omaha; the Knights of Ak-Sar-Ben will celebrate the "Feast of Mondamin."

Second Day—September 20, at Council Bluffs, Iowa.

9:30 A. M.—Society reconvenes.
12:00 M. —Adjournment.
2:10 P. M.—Special excursion train (free to members and their wives) leaves Omaha for the Hot Springs.
6:25 P. M.—Supper at Norfolk Junction, Neb.

Third Day—September 21, at Hot Springs, South Dakota.

6:55 A. M.—Breakfast at Buffalo Gap.
8:05 A. M.—Arrive at Hot Springs.
Visit the famous "Plunge Bath."
12:00 M. —Luncheon at "The Evans."
2:00 P. M.—Society reconvenes in the Opera House.
6:00 P. M.—Dinner at "The Evans."
9:30 P. M.—Banquet at "Catholicon Sanitarium."

Fourth Day—September 22, at Hot Springs, South Dakota.

The day will be spent in sight seeing; leaving for home in the afternoon.

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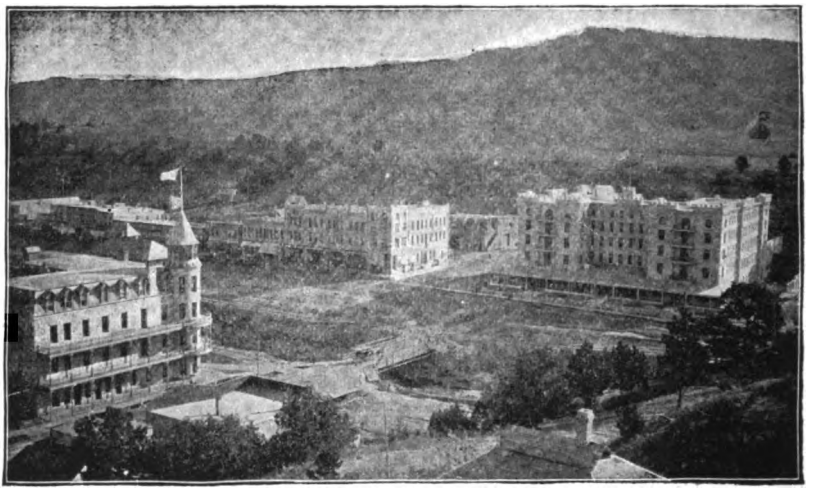
Hot Springs, South Dakota.

Dr. J. W. Grosvenor, of Buffalo, New York, in the *Buffalo Medical and Surgical Journal*, gives the following description of this famous resort, The Carlsbad of America. He says:

Hot Springs, S. D., is situated in the southwestern part of the state, at the beginning of the approaches to the Black Hills.

Its main site is the bottom of a gulch or canon, thirteen miles in length and varying from a few hundred to many hundred feet in breadth. In some places the sides of the valley are quite precipitous; in others they



VALE OF MINNEKAHTA

ascend gradually into the lofty hills. Opposite Hot Springs, on the top of the embankments, are broad plateaus, which furnish eligible sites for residences and public buildings.

Along this canon for about six miles, springs of warm water bubble up out of the earth in sufficient quantity to constitute a stream of pure limpid water, which is called Fall River.

Parallel to the river run a railroad and a carriage road and on either side of it are hotels, business, and public buildings.

Less than a score of years ago the whole region, of which Hot Springs is the central point, was occupied by Indians. They had recognized—perhaps from time immemorial—the healing virtues of these spring-waters and had brought their sick there for bathing. Marvelous stories of the trans-

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forming powers of the waters have been handed down from one generation to another. They are more or less legendary in character. The cures that were wrought were observed by white men, and about fifteen years ago an enterprising physician purchased one of the springs, the Minnekahta, and its surrounding territory from the Indians, and immediately began the use of the waters for his patients. The little hamlet of that day has grown into a city of 2,500 inhabitants.

Analysis of the Waters. Although analysis of many springs which are gushing up here and there in and near the valley shows that they differ somewhat in their ingredients, they are all essentially the same, the variations observed being caused by a slight difference in the soils through which they pass.

CHEMICAL CONSTITUENTS OF THE VARIOUS WATERS.

CONSTITUENTS PER GALLON	Plunge. Grains	Catholicon. Grains	Stewart. Grains	Minnekahta. Grains
Total Residue	83.10		100.00	62.55
Inorganic and Non-volatile	71.00			
Organic and Volatile	12.11			
Sodium Sulphate	23.26		12.50	16.07
Potassium Sulphate	5.63		13.10	19.51
Calcium Sulphate	36.11	127.457	8.05	16.33
Calcium Chloride	5.59			
Ammonium Chloride	.03			
Magnesium Chloride	4.11			
Magnesium Nitrate	.30		1.90	
Magnesium Phosphate	.10			
Magnesium Carbonate	3.50			
Iron sesqui-oxide	.15		4.00	a trace
Alumina	.27	.058		
Silica	1.55	1.131	4.01	2.46
Magnesium Sulphate		11.509	14.09	4.32
Sodium Chloride		9.747	14.00	13.79
Potassium Chlorate		1.370	13.00	
Potassium Bromide and Iodide			15.35	
Magnesium Bicarbonate		13.282		
Iron Bicarbonate		.279		

A characteristic of the waters of all the springs of this region is their temperature, which is nearly as high as that of the body, being from 94° to 96° Fahrenheit.

Rheumatism is the disease which pre-eminently has the reputation of being curable by the waters of these springs, and scores of cases might be adduced to prove the truth of the assertion.

It is my earnest belief that these waters have a decidedly salutary effect upon diseases of the bladder and kidneys. Subjects of various kinds of skin diseases have here found their liberation from maladies, disgusting and obstinate. Records of resident physicians show that derangements of the digestive system, both functional and organic, have received marked

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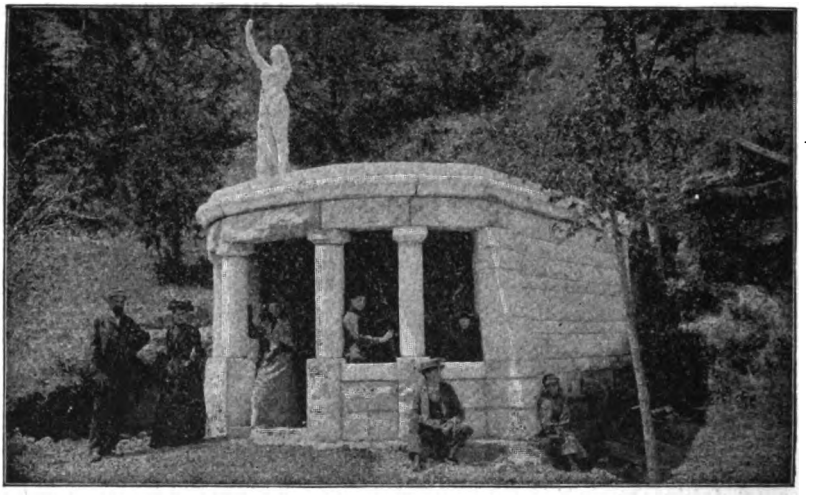
benefit from a proper use of these waters. By their use all conditions of the system in which there is an accumulation of noxious materials undergo a cleansing process. To secure its highest benefit the waters must be used both externally and internally. It is not at all disagreeable to the taste—indeed, it is quite palatable. Taken in large quantities it is a laxative, but not severely so.

From personal experience I can declare that a bath in these waters is a positive delight. They impart a smooth, oleaginous feeling to the skin, which I have never experienced to so large an extent by bathing in any other water. The dryness of the atmosphere encourages perspiration for a long time after leaving the bath, and thus the body is enabled quickly to dispel the poisonous agents with which it may be freighted. Many invalids



THE KIDNEY SPRING

find benefit from drinking large quantities of the water. The resident physicians who understand its characteristics frequently direct their patients "to fill up on it three times a day."

During the last eight years at Hot Springs a reliable private diary, in statistical form, has been kept concerning the climate. This exhibit shows the climate to be equable, mild, sunny and dry. September being the banner month of the year, with an average of 26 clear, 1 partly clear, and 3 cloudy days.

Hot Springs is anti-malarial. Mountain fever is said to exist to some extent in surrounding regions rather remote, but seldom or never does a case of malaria occur in the city itself. It is even disputed, with a good deal of positiveness, that mountain fever is of malarial origin.

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From the description of the climate it is not difficult to draw the conclusion that it has a favorable influence upon disease of the lungs. This conclusion accords with experience and observation—especially in connection with consumption and asthma. The consumptive or asthmatic who can revel in the sunshine out-of-doors 306 days in every year at a moderately high altitude without being subjected to sudden climatic changes, in a dry atmosphere and a mild temperature, must certainly receive great benefit from his environment.

Hot Springs is regarded as a most excellent resort for neurasthenics. This is probably due, in part, to the invigorating atmosphere, to the fact that they can spend a large part of the time in the open air and to the quietness of the city and its surroundings. It is generally acknowledged that out-door exercise and freedom from much excitement are conducive to the welfare of the neurasthenic. Quiet pleasures and amusements are easily found by those who need them.

Other advantages of this invalids' resort besides those mentioned, are the excellent accommodations at hotels and boarding-houses at moderate prices, the social refinement and high moral tone of the inhabitants, the magnificent scenery of mountains, valleys and streams, places of historic interest in the near surroundings, an atmosphere impregnated with the agreeable exhalations from the pine and spruce forests of the Black Hills.

THE EVANS

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My general impression of Hot Springs is that it combines many superior advantages as an all-the-year-round resort for those afflicted with chronic diseases and for those who wish to seek rest from the cares of business and relief from the "maddening crowd" of our large cities.

HOTELS AND BATH HOUSES.

There are twenty-five hotels in Hot Springs, and the number includes hotels second to none in the United States.

A PARLOR AT THE EVANS

The Evans is a handsome pink stone structure five stories high, and accommodating 450 people. It is strictly modern in every particular, possessing every equipment known to modern civilization conducive to comfort, elegance and refinement. Prof. John Mahler, of St. Louis, will occupy the position of Master of Ceremonies, thus insuring a successful season of pleasure, so far as the social features of this popular house are concerned. Mr. Mahler is a master of his art. A splendid German orchestra has been secured to furnish music for the Evans. Connected with this magnificent hotel is a modern bath house, supplied with water from both the Minnekahta and Lakota springs. It is equipped for the giving of Turkish, Russian, massage, needle, mud, natural mineral water, and in fact every known bath. Here, over all preside competent medical attendants, available upon call.

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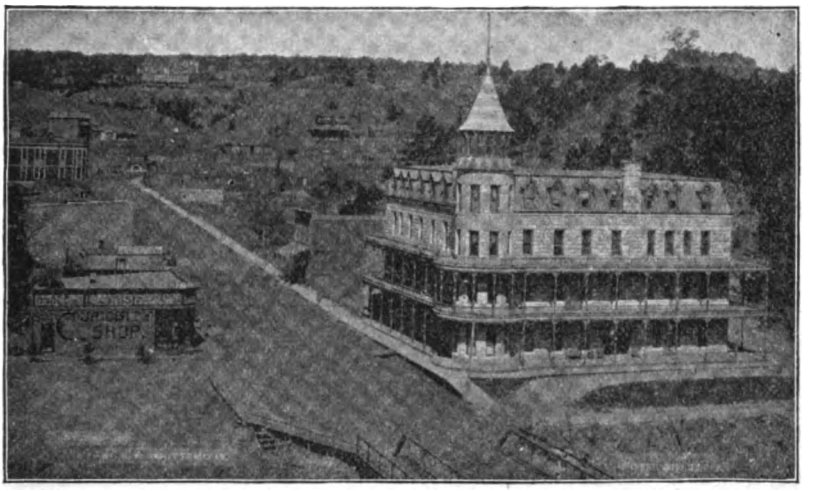
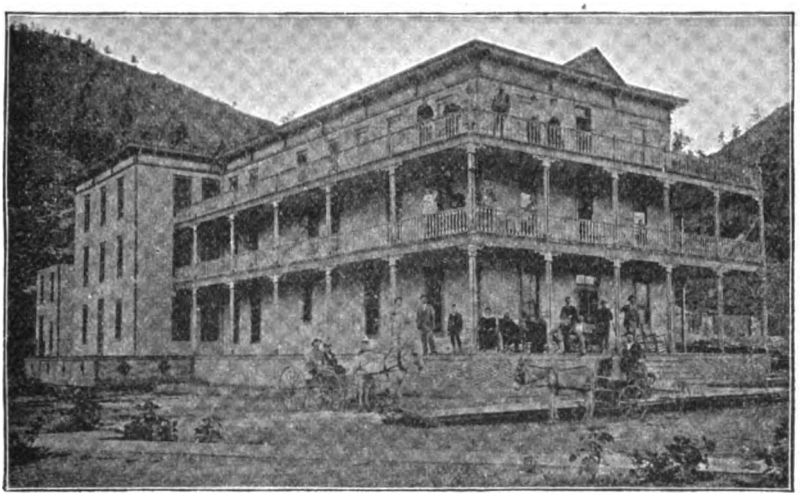


THE GILLESPIE

The Gillespie is a four-story stone hotel accommodating 200 people, well kept and generously patronized, and is convenient to all bath houses, parks, and Union depot. The management of the Gillespie provides frequent social events for the entertainment of its guests. The Gillespie is owned and conducted by Mr. Fred D. Gillespie, who has had years of experience in the business and his hotel is one of the most popular of the numerous hotels of this resort.



THE CATHOLICON HOTEL AND BATH

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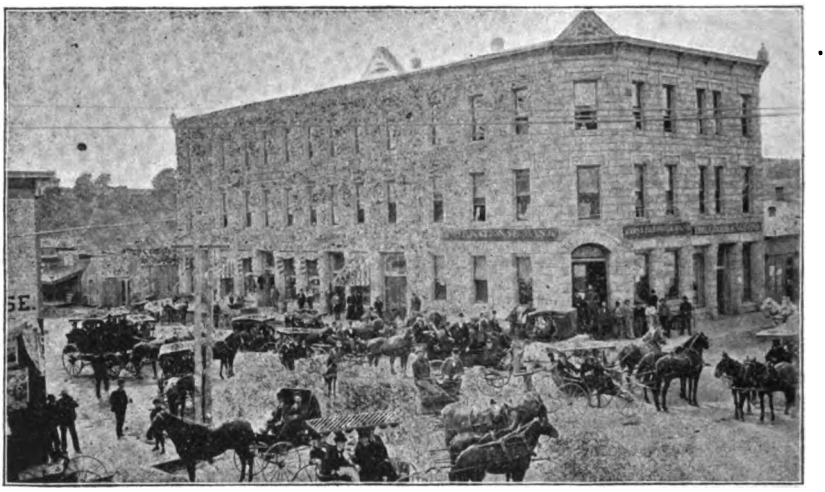
The Catholicon Hotel and Sanitarium is situated at the Catholicon Springs, one mile south, where is also a most excellent spring, not second in quality of water to any. This hotel under its new proprietor has been thoroughly renovated and newly and elegantly furnished. The table is presided over by a chief of high reputation. The equipments are especially designed for the comfort and care of invalids and the sanitary department is under the direction of a board of competent physicians. The bath house is immediately connected with the establishment, and a pretty park has just been opened in front of the hotel.



HOTEL FARGO

Hotel Fargo. This newly furnished hostelry is now open and ready to receive guests. It is an elegant three-story stone building, centrally located, and supplied with all the modern improvements. The office and waiting room are on the first floor; ladies' parlors on the second and third floors; dining room on the third floor. Rooms cool and pleasant. The management of this house proposes to furnish first-class accommodations at reasonable rates. One hundred people can be accommodated.

The Hot Springs Hotel is a neat stone structure, capable of accommodating one hundred guests, and is situated near the famous Minnekahta Spring.

The Clifton House is convenient to and under the same management as the Minnekahta bath house, and is largely patronized by helpless invalids,

The Mower, Minnelusa, Davis, Parrott, Williams, Martin and Ferguson are among the most prominent hotels not mentioned above, and rates

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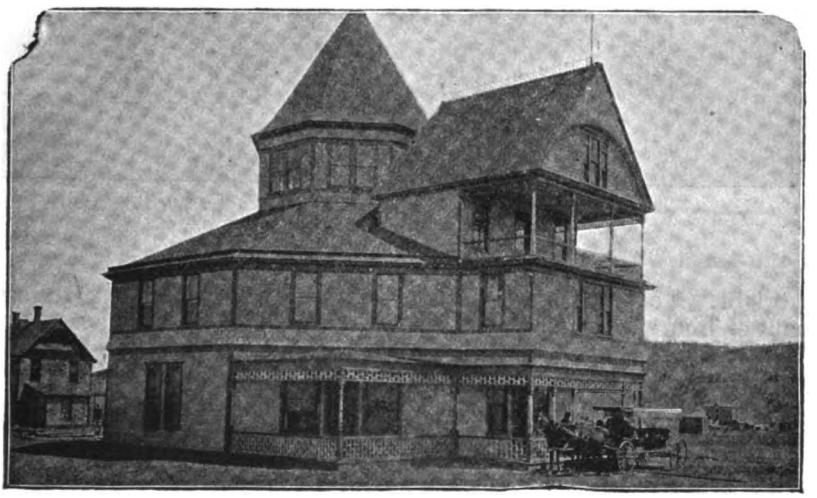
ranging from $6.00 per week, upwards, according to accommodations required.

The Minnekahta, the Stewart, and the Sulphur bath houses are all equipped with modern appliances, at all of which patrons are sure of cleanliness, courteous treatment and beneficial medical waters.

The Plunge. "A single plunge in that delightful pool repaid me for my long trip to Hot Springs." Such was the verdict of a popular Chicago lady who spent a portion of the summer here. This is, in fact, the verdict of every visitor to Hot Springs, for of course nobody visits Hot Springs without going into the famous Plunge Bath. It is simply irresistible, and if



THE STEWART BATH HOUSE

you go to the Plunge "just to look on," the chances are that you will go in before leaving. Once in the water you will return again and again, for the sensation of a plunge in this great pool of water at a natural temperature of 96 degrees the year round, is never forgotten. The water is highly charged with magnetic properties as well as gaseous elements, which besides being pleasant to swim in, is highly beneficial for rheumatism and all skin diseases, and although the bath is designed chiefly for pleasure, its beneficial medicinal qualities are unquestioned. Myriads of tiny springs bubbling up from the pebbly bottom supply 100,000 gallons of water per hour, thus insuring absolute purity and cleanliness. It is from three to nine feet in depth and so clear at all times that the smallest object can be seen at this extreme depth. The water has a magical effect upon the skin, removing freckles, wrinkles, tan and various discolorations, leaving it perfectly clear

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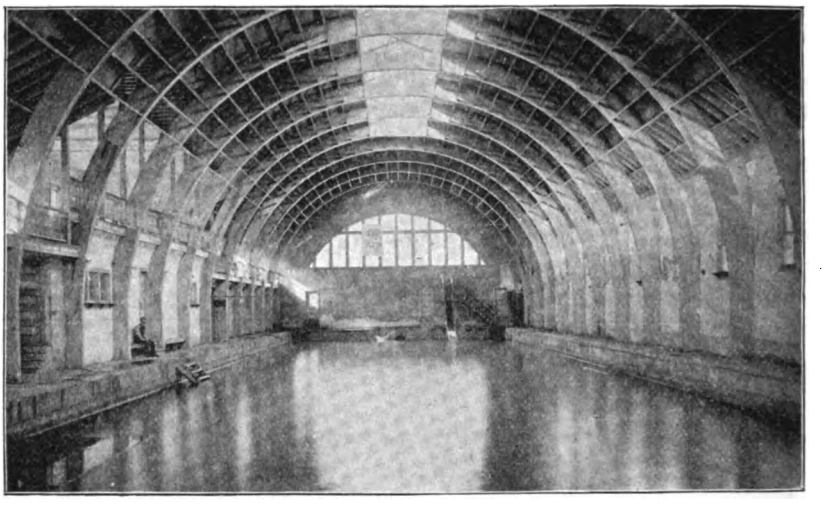

THE PLUNGE

and bright. This handsome building enclosing the pool is 75x250 feet and is built of iron, glass and wood, and is of a unique and pleasing style of architecture. It is complete in every appointment and is one of the chief attractions of this popular resort.

THE CATHOLICON SPRING HOTEL, SANITARIUM AND BATHS.

EDWARD HUNGERFORD, Proprietor.

UNDER its new management the Catholicon Hotel, which controls the famous Catholicon Spring in Hot Springs, South Dakota, will be conducted primarily as a sanitarium, on a strictly scientific basis, with the advice of the following sanitary board: Dr. C. W. Hargens, Dr. W. E. Adams and the head nurse.

The Catholicon has been thoroughly remodeled and renovated, the rooms have been made spacious to suit the demands of patrons, and new furniture has been provided. It is situated in the widest and most open part of the valley through which Fall River flows, commanding a fine view of the valley and surrounding mountains. The location is peculiarly breezy in summer, and the building is abundantly provided with piazzas.

All classes of persons, whether invalids or those simply in the search of rest and recreation, will find this a pleasant and reposeful retreat. To clergymen, lawyers and literary workers, as well as to overworked business men, this hotel and sanitarium combined is commended with great confidence.

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The Catholicon Spring unquestionably enjoys the widest reputation for remarkable cures among those in the vicinity. It rises within a few feet of the hotel building, and its perfectly clear waters are accessible to all. It flows out of the foot of Catholicon mountain, which rises 1,400 feet above, is abundant for all the uses of the hotel and bath house.

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Sodium chloride	9.747
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Magnesium sulphate	11.509
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Iron bicarbonate	.279
Alumine	.058
Silica	1.131
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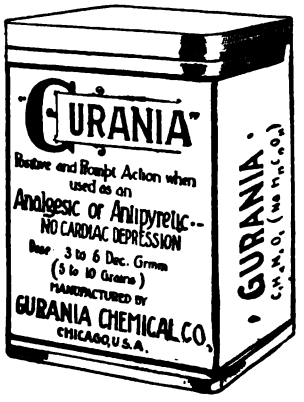

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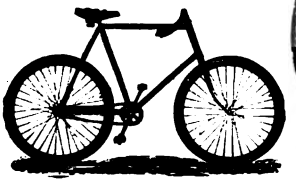

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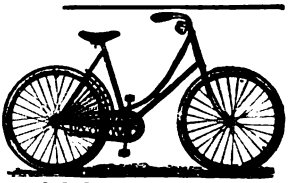

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THE MEDICAL HERALD

A PRACTICAL MONTHLY JOURNAL OF THE MEDICAL SCIENCES.

HIRAM CHRISTOPHER, M. D., Editor.

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Contributed Articles

[EXCLUSIVELY FOR THE MEDICAL HERALD.]

Errors of Diagnosis in Diseases of Women.

BY CHAS. W. ADAMS, A. M., M. D., KANSAS CITY, MO.

Professor of Gynæcology, University Medical College, Kansas City, Mo.

READ AT THE NEW MEXICO TERRITORIAL MEDICAL ASSOCIATION, LAS VEGAS, N. M.

IT IS a difficult matter, in many instances, to recognize, in a diseased condition, what is real and what is the result of our own desires. It requires boldness of thought, as well as mental courage, to attempt to stem a tide which is settling all one way. It gives little encouragement to the conservative mind to be held as too obtuse, if not too obstinate, to grasp so-called advanced or majority ideas. To such an extent is this often carried, that it seems, that what is desired of a consultant is not a careful, conservative, scientific opinion, but rather a daring bold operation, or in other words: blood, and plenty of it.

I am led to make these observations, not from a carping, criticising standpoint, but because in so many different directions in the same field, I am unable to find the conditions which I have heard my colleagues say they find, following them in the same line of thought, study, observation and practice. Having abundant opportunities for investigation, I do not by two-thirds find cases which require operation, which if they do not sacrifice life, at least cause irreparable mutilation. Hence I have chosen to place my observations before you, under the idea of the "Errors which are made under the head of Cancer, Ulcers of the Os and Cervix Uteri, etc." It is a curious fact that ever since there has been a reasonably safe surgical method for the removal of these diseased conditions, how lavish Nature has been in scattering them about.

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Before supra-pubic or vaginal hysterectomy were performed, Nature was more chary and conservative as to how she gave out, this, her most evil gift to woman. Reckless, non-conservative surgery may assert that this was due to non-recognition of the evil. This assertion might stand undisputed were it left to the recognition of uterine cancer at its inception. But if the case be genuine and progresses unrecognized, there comes a time when even the merest tyro cannot fail. But the abundant results were not found before the days of hysterectomy. We therefore conclude one of two things; first, cancer has increased very largely in point of frequency of late years, or, second, many cases are diagnosed and operated on for cancer which are simply suspicious in their gross appearances. My experience may be exceptional but I give it for what it is worth.

Out of 1,500 cases which I have taken, as they come, under observation, and of which records were kept, there were only five in which the gross appearance was carried out in result. I will, however, say that if I had my mind running in a fad I could have found a hundred or more that I could have operated on for cancer. I will not deny in this connection that medical literature is full of warning against allowing degenerative processes to remain, owing to the danger of cicatricial plugs breaking down, of fibroids taking on cancerous degeneration, of the dreaded menopause and many other conditions, each and every one of which is sufficient to give to the surgeon, whose desires run that way, the concientious satisfaction that in every case operated on he has aborted untold misery and saved a precious woman's life, when his hysterectomy is successful. If the result be fatal, death, at least was easy, compared to what it would have been without the operation. Thus the error, thus the operator's mind at ease, but what of the patient?

Another error of frequent occurrence is that of ulceration of the os uteri. That this condition is found is true. We have as an actual diseased condition, simple ulcer, specific or syphilitic ulcer, tubercular deposits which have broken down and formed ulcers, cancerous deposits which are breaking down, and ulcers which are due to injury or attrition of a misplaced uterus, e. g., use of pessaries, etc. With the exception of the above named cases, the greater number of ulcers which are said to occur and which are treated as such, are really pathological couditions dependent upon entirely unrecognized causes. The physician who has a large experience in the treatment of uterine affections, will recall how many cases he has met, in which the patient will infallibly, in giving her history, mention that this or that doctor has treated and cured her of ulcers of the womb. If the examiner, however, has a clear conception of what the pathological condition of the uterus really is he will find that the so-called ulcers are still there, not, however, as true ulcers, but rather as the erodéd surface, the result of irritating discharges or a lesion of tissue, which the kindly hand of Nature has been unable to repair. Here the error lies in a failure to employ surgical means and the attempt to accomplish by treatment and medication the impossible, all due to an error in diagnosis. Thus the error, thus the patient's mind at ease, but what of the doctor?

Another error of frequent occurrence is that of "falling of the womb." This springs from two sources and it is a condition which if once

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fixed in the mind of the patient it is a difficult matter to eliminate. By the statement that it sprang from two sources, I mean that the physician may cause the patient to believe that it is her ailment, or the patient herself, by self examinations, may ascribe her aches or ills to this cause. The real cause of prolapse of the uterus may depend, in a few instances, upon direct downward misplacement, caused by the presence of tumors, or it may be due to the sinking down of a subinvoluted uterus, through a relaxed vagina and relaxed and weakened uterine supports, the result of pregnancies. In the great majority of real cases, however, it depends upon a laceration of the perineum. Where then comes the error? It rests with the non-recognition, on the part of the physician, of a short vagina, a flattened pelvic cavity and the down-pressing effects, caused by the corset crowding the intestines down upon the uterus. Removal of every down-pressing cause, absolute cessation of self-examination by the patient, and a careful consideration of the anatomical relation of the parts will plainly show the error. Thus the error, thus the mind ill at ease, becomes the mind at ease. Surely we need not refer to laparotomies made for pregnant tumors or dropsical effusions, diagnosed as ovarian cysts, fibroids or extra-uterine pregnancies. These are errors which have some excuse for the making of them, and may and do occur to the best and most skillful diagnostician. But the error which has done the most harm is that of laparotomy and excision of diseased tubes and ovaries. Standing, as the operation does, for the removal of a pathological condition which could be reached in no other way, nevertheless, no operation in the history of medicine presented more opportunity for positive ignorance and even criminality to assert itself than this last one. It, moreover, gives rise to a class of diagnosticians so expert in touch that I have heard of one asserting that he could detect a diseased tube or ovary through a piece of wetted brown wrapping paper, placed in the vaginal vault, without tearing the paper. The average doubter may easily test for himself how delicate such a touch must be. The operation gave rise, also, to a class of diagnosticians who, before an operation, could detect through membranes, adipose tissue, muscles, etc., a diseased tube or ovary which required, after the operation, the combined opinions of a surgeon, an anatomist, a gynecologist, a pathologist and a microscopist to determine the diseased condition. It is needless to say that such cases were not benefited by operation. They no doubt had the pain, the dragging, pressing care of invalidism, the same as those who had an actual diseased condition. The error was that the diagnosis was made more on the wish and desire of the operator, governed by a fad, rather than by the touch of the educated finger, governed by the reasoning mind.

The errors thus pointed out have a two-fold condition of evil following in their train. We have, in the first place, either a needless and unjustifiable sacrifice of life or mutilation and a blotting out of true womanhood. In the second place it has led the study of woman and her diseases in a narrow and contracted course, to the exclusion of a broad, liberal and scientific investigation of the whole field. Thus the woman was condemned to a life of chronic invalidism, driven from physician to physician, disgusted and disheartened, when a true knowledge of her condition would have led to the use of proper remedies, or operation and positive cure.

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Bilateral Stomatitis Gangrenosa.

By J. DONNELL McDONALD, M. D., St. Joseph, Mo.

[WRITTEN FOR THE MEDICAL HERALD]

THROUGH the kindness of Dr. Daniel Morton, I am enabled to illustrate and to publish the following account of a case of bilateral stomatitis gangrenosa, which came under my observation twice during the month of July.

M. C., girl, aged three years and two months, nativity unknown. Father and mother both dead. Child was sent here from New York City last winter and adopted by a Polish family. Their home was a small one-story frame house, in a quite thickly settled neighborhood, and this was the only child sick in the family at that time.

As the foster parents could speak no English, only an imperfect account of the child's past history and present illness could be obtained through the interpreter.

There was no history obtained of any sickness previous to the present attack. About the seventh or eighth of June she began to be troubled with sore eyes. She was then taken with a fever which lasted four or five days. Then while sitting one day at the table at meal time, it was noticed that she had picked out two of her teeth and had put them on the table beside her plate. Her mouth seemed a little sore and a physician was called, who treated her for fever and an ordinary sore mouth.

One week later her cheek was swollen, was red and shining and the fever continued. The following week, the third week of her sickness, the affected parts of her lips and cheeks turned blue and dark and continued to spread on each side.

The antiseptic lotions and powders seemed to cause a drying up and mummification of the dead tissues, but failed to check the spread of the gangrene. During the next, or fourth week, four or five physicians were called in, at different times, but all refused to undertake the treatment of the case. In company with Dr. Morton, I first saw the child in the early evening of the sixth day of July. It had been two days since a physician had seen the case.

The air of the sick room was warm, quite offensive to the smell, and the peculiar odor of gangrene was very noticeable. A number of adults were in the room, vitiating the atmosphere still more. The child was lying in a crib, sunk rather deeply into the bedding, and was in a comatose condition. Respirations were hurried. Body was emaciated. Upon removing the dressing the affected parts looked dry and dark and emitted a strong gangrenous odor. The area affected included the cartilege of the nose, upper and lower lips and three-fourths of each cheek. The lower eyelid of the right eye was well involved. The cheeks were swollen and the lips very much thickened. Death occurred about 11 o'clock P.M., the sixth of July. The illustration was made from a photograph, taken the seventh of

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July, and, though a trifle indistinct, gives a splendid idea of the appearance of the case.

The points of peculiar interest are that it was entirely sporadic; that, so far as we know, it did not follow any of the infectious exanthemata, but that it was associated, throughout most of its course, with considerable fever; that the affected area at the time of death was dried up and mummified, instead of being entirely destroyed; and, last but not least, that the area involved was so extensive, was bilateral and almost symmetrical.

In THE MEDICAL HERALD of October, 1890, there is a report of an interesting case written by Dr. J. M. Emmert. He was somewhat uncertain about making the diagnosis of cancrum oris because of the early and extensive necrosis of the left superior maxilla extending at last even to the pharynx. He was inclined to think that the gangrene "was caused by an embolus of the pterygoid portion of the internal maxillary artery."

It was his opinion that noma always first attacks the mucous membrane of the cheek. Although this is the usual place for the disease to begin, it is not always the case, as we learn from a recent report of Dr. R. Coltman, Jr., of Pekin, China. He states in the July number of the *Universal Medical Journal*, that he had under his care the past year, *twenty-four* cases of noma. The left cheek was the favorite site of the gangrenous spots, but in several cases the disease first appeared in the *gums* in the median line. One case commenced in the *lower gums* and soon destroyed the entire right side of the lower maxilla."

It has not yet been determined that noma is caused by a special microorganism, but special *bacilli* have been described as the cause by some writers, *streptococci* by others.

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Mountain Fever.

By W. E. ADAMS, M. D., Hot Springs, So. Dak.

READ BEFORE THE MEETING OF THE MISSOURI VALLEY MEDICAL SOCIETY, HOT SPRINGS, S. D., SEPT. 21, 1895.

THE term mountain fever is one seldom met with in medical literature; the designation naturally arouses some curiosity in the mind of the general practitioner. You may consult many volumes of text-books and medical journals and fail to find the term discussed.

Mountain fever is a fever indigenous to certain altitudes, for example 2500 feet or more, and has attracted attention especially in the eastern slope of the Rocky Mountain System. This fever is of not infrequent occurrence in the Black Hills af South Dakota and the mountains of Wyoming and Colorado. The term undoubtedly originated with the early settlers of this territory, and subsequently by them, and even by many practitioners, has been applied to every case of fever, no matter what its true type. Many years ago this fever attracted the attention of certain army medical men stationed at certain western military posts, and some mention of it can be found in the medical history of the war of the rebellion.

Mountain fever is an intermittent fever of malarial origin. In this territory it has occurred during spring and autumn, though a case is occasionally met with during the winter and summer months. In the elevated regions above alluded to it seems to especially attack individuals not acclimated, though it is quite often found among old settlers.

Whether in the unacclimated individual the attack is due simply to the sudden development of malaria that has been, so to speak, "lurking in the system," and receives a stimulus by exposure to sudden and great atmospheric changes of pressure and temperature, or whether the unaccustomed barometric pressure and temperature changes, place the system in condition to the more easily contract and develop this fever, is a matter that yet needs more careful consideration. In fact, the source of the miasm in a great many of these cases, we are absolutely unable to determine. In many cases the cause can be directly traced to sources of impure water supply. Again we have thought that the miasm must have been communicated by the atmosphere, though from where it was impossible to determine. Whatever the source of the disease, we wish to be understood as going on record without fear of successful contradiction, that mountain fever is a true malarial fever, and that there is a specific form of treatment, which begun early will abort every case, while neglected or improperly treated will pursue a long lingering adynamic type, bordering on a typhoid condition. This latter condition is what has caused all fever in this territory to be called mountain fever. True typhoid fever has, first, not been differentiated from the malarial; secondly, the malarial has been improperly treated, and instead of an intermission or remission, it is a continued—a true continued malarial fever—and which, even when of this type can often be controlled by large doses of quinine. The symptoms of this remittent

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type of fever are characteristic. The patient for a day or two is not well—he has loss of appetite; his trouble is often preceded by a slight diarrhea, or he may be constipated; complains of a slight headache; nearly every case complains of a dull or heavy backache; the urine is scanty and high colored; you obtain history of slight repeated chilly sensations--at times a distinct chill. These symptoms send him to your office; you find his countenance has a pinched, dusky, sallow hue; his tongue is covered with an evenly distributed, dingy, yellowish white coat, often complains of nausea on taking water—the nausea is often especially marked after beginning the use of quinine that you prescribe; you find his pulse small, hard, rapid, 108 and 120. Temperature 100.5 to 103.5.

Now the proper treatment is a bath, rest in bed, no food, a mercurial purge and large doses of quinine. Under such treatment your patient will be about in from three to ten days. On your next visit if in the A.M., you will find the patient improved, temperature possibly normal or 99 to 99.5, but about noon it begins to rise, runs up until about 5 P.M., or up to 11 P.M., when it subsides, and usually in the early morning hours the patient will be free from fever. The case unattended or improperly treated very much resembles typhoid fever in some respects, but can be differentiated by the more sudden advent of indisposition and fever, by absence of any distinct iliac tenderness, history of distinct chills or chilly sensations, persistent nausea—in many cases in fever, by the yellowish white, evenly distributed coat on the tongue, by the absence of rose-colored spots, the early appearance of nose bleed, by the absence of the characteristic ochre colored stools, and finally and most of all by the specific influence of quinine.

I select from my note book four cases: Oct. 21st, 1890, I was called at 10 P.M., to see C. F., male, age 9 years. He had been complaining for a week or more, with head-ache, nose bleed, limbs and back-ache, chilly sensations, tongue coated yellowish white, some nausea, abdomen slightly tympanitic, no tenderness in iliac region, pulse 120, temperature 103. Ordered mercurial purge and two grains of quinine every three hours. Oct. 22nd, 10 A.M., rested fairly well during the night, pulse 90, temperature 100. Continued the quinine, to have all the milk he would take; saw him again at 8 P.M., pulse and temperature same as the evening before. This case ran on until the tenth day with very little change, when the temperature at 8 P.M. was 99½, pulse 85. On the morning of the eleventh day pulse 80, temperature normal.

Case II. This case occurred in the same family. Female, age 12 years, complains of head-ache, back-ache, chilly sensations, loss of appetite, bowels constipated, tongue coated yellowish white, pulse 90, temperature 100. Gave a mercurial purge, ordered four grains of quinine every three hours. The next day, Nov. 2nd, felt some better, nose bled during the night, some tympanitis, pulse 94, temperature 100.5. Continued quinine. Nov. 3rd, feeling much better, temperature normal. Ordered three grains quinine every four hours. Nov. 4th, ate some breakfast, temperature normal, to continue quinine during the day and then stop it.

Case III also occurred in the same family a few days later, John, aged 24 years, complained of head-ache, nausea, nose bleed, loss of appe-

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tite, bowels constipated, tongue heavily coated, pulse 96, temperature 102. Ordered a mercurial purge and five grains of quinine every three hours. The next day feeling some better, nose bled during the night, pulse 90, temperature 100.5; continued the quinine. On the third day, temperature normal, had some appetite, tongue clean and moist; quinine continued. On the fourth day he called at my office, and was directed to take three grains of quinine four times a day for three days. This was the last I saw of him.

Case IV. T. P., male, aged 38; was called to see him Sept. 29th; had been under the treatment of a physician since Aug. 25th; during this time was up and down, some days better, then not so well, complained of head-ache, nausea, nose bleed, a great amount of lassitude, bowels open, a disgust for food of all kinds, abdomen slightly tympanitic, no tenderness in iliac region, pulse 100, temperature 102.5, tongue evenly coated. Ordered three quinine grains every three hours, and five minims aromatic sulphuric acid every three hours. Sept. 30th, 8 A.M., pulse 96, temperature 101. Same treatment continued; small glass of milk ordered every two hours. 8 P.M., pulse 100, temperature 102.5. Oct. 1st, 8 A.M., condition about the same. Same treatment continued up to Oct. 8th, when tympanitis began to increase, nose bled some almost every day. Oct. 9th, 8 A.M., pulse 110, temperature 102. Continued quinine, ordered turpentine plaster over abdomen. 8 P.M., pulse 115, temperature 103. Oct. 10th, 8 A.M., pulse 110, temperature 102. 8 P.M, pulse 105, temperature 103.5. Oct. 11th, about the same as day before. Oct. 12th, 8 A.M., tympanitis increasing, nose bled durlng the night, and slight hemorrhage from bowels, was somewhat delirious during the night, pulse 115, temperature 102.5. 8 P.M., nose bled during the day two or three times, blood in passage from bowels. Gave opium and plumbi acetate every four hours. Oct. 13th, patient was very restless during the night, took but little nourishment, pulse 120, temperature 103. 4 P.M., some hemorrhage from the bowels, patient restless and flighty, pulse rapid, temperature 103.5. Patient died at 10 P.M. from exhaustion. I select these cases for the reason that cases II and III were seen early, and with large doses of quinine were aborted. Case I had been ill one week before I saw it, with no treatment, yet in eleven days was convalescent. Case No. IV had been under treatment for thirty-four days when I first saw it, had never had to exceed sixteen grains of quinine daily. It was a true continued malarial fever of an adynamic type. There is no question in my mind if this patient had been given 40 grains of quinine daily, early in the attack, he would have recovered.

Gentlemen, there is no such thing as mountain fever. The so-called mountain fever is either an intermittent, remittent, or typhoid fever. It is differentiated from typhoid by the character of the tongue which is coated with a dingy yellowish white, evenly distributed coat, the suddenness of the attack, nausea early in the fever, pulse small, hard and rapid, dull, heavy back-ache, repeated chilly sensations, the early appearance of nose bleed, and last and most of all by the specific influence of quinine. With these cases it will not do to temporize. At least 40 grains of quinine must be given daily.

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Some Thoughts on Appendicitis as a Purely Surgical Disease.

By DONALD MACRAE, M. D., Council Bluffs, Ia.

READ BEFORE THE MEETING OF THE MISSOURI VALLEY MEDICAL SOCIETY, HOT SPRINGS. S. D., SEPT. 21, 1895.

THE evolution from "peritonitis" and "inflammation of the bowels" to typhitis and perityphitis, and then to the original and earlier origin of the affection, disease of the appendix, is familiar to you all. Until two years ago I was a firm and fixed opponent of operation for appendicitis, unless definite symptoms were present to require such a grave proceeding. I publicly and emphatically, both before this society and elsewhere, gave my preference for the temporizing methods recommended in our medical text-books, declaring that of a certain number of cases, a large percentage would recover without operation.

Painful experience since then has given me a complete change of heart. So many cases have come under my notice where I have resorted to surgery as a forlorn hope, where I have seen so many useful and promising lives lost through this same dilatory proceeding; and only operated on when they and their friends had made up their minds that the end was near; so that now from being an extremist in one direction, possibly I may be an extremist in the other.

The history of appendicitis in Western Iowa among healthy adults is short and quite apt to be fulminant in character. It seems to me that more of our cases are acute and their progress and termination more rapid than in the regions farther East. At least my experience with the one and my reading and study of described cases in the other would lead me to that conclusion. The quite common condition is that on the third, and sometimes even on the second day of the affection, not only is pus and necrosis of the appendix present, but there are also gangrenous spots on the caecum and on separating the intestines numerous foci of pus, with the peritoneum generally hyperemic, eroded and desquamating. These cases are practically beyond hope, but the condition generally cannot be foretold until an exploratory incision reveals the true state of matters. Acute cases, such as I have outlined, are described by specialists, but I am firm in the belief, and every day experience renders me still more emphatic in that belief, that our proportion of fulminating cases of appendicitis is much greater than the statistics of specialists in the large cities would lead us to expect.

Nothing can be more disheartening to the conscientious surgeon than to find that a few hours ago a case might have been saved which now is lost, a life allowed to run along the edge of the precipice and not intercepted before the tragic fall. Those of us who have learned this disastrous lesson in the bitter school of experience cannot understand the frivolous statements of otherwise distinguished surgeons who counsel waiting until the acute symptoms have subsided. They speak of the proceeding as a "fad" and

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characterize the earnest surgeon, whose aim is to save life when he is sure of doing so, as a "visionary enthusiast."

It is true that from sixty to seventy-five per cent of cases of appendicitis will recover, to a certain extent, if left to nature, but what of the thirty per cent who must otherwise die? Are their chances for life to be imperilled because the edict has gone forth that some definite symptom must be present before operation is insisted on? Must they die because some cases get well without operation? The idea seems to me to be preposterous. Rather, I say, operate on all of them, early, obviate the tendency to death as we do in other ailments, remove the appendix and thereby prevent secondary complications in the one and death in the other.

In the aged our cases of appendicitis are slower in progress, a limiting wall has time to form and a circumscribed abscess is generally the result. In these cases possibly a few days of delay may not be so disastrous, but I see no reason why they should not also be operated on at once. Their danger is rupture of the abscess and extravasation of its contents.

I would, therefore, earnestly and with due regard for the lives that depend on us, insist that the profession generally and the public as well, be educated and seriously impressed with the necessity of immediate operation and the tremendous danger of delay in all cases of appendicitis.

The Woman's Medical Journal.—All women and all students of the progress and history of medicine will be interested in the August issue of *The Woman's Medical Journal*. There is begun in this number a series of illustrated biographical sketches of the leading women of the medical profession. Those included in the August issue are Dr. Marie Zakrzewska, of Boston, who was one of the earliest graduates. Dr. Eliza Burnside, of Philadelphia, another pioneer woman, and Dr. Mary Spink, of Indianapolis, an admirable representative of the younger women of the profession. The series will include portraits and notes of all the women now prominent. This being the first attempt in making a history of the individuals who have made up the women in medicine, it will be of great value to all and will, no doubt, meet with a generous reception. There are also timely articles on various topics by able contributors, all of whom are women, besides valuable information and pertinent suggestions for all. This being the only woman's medical journal in the world, its utterances are of value. It is published in Toledo, Ohio.

While New York is trying to get its saloons open, Paris is trying to get some of hers shut. New York has about 9,000 saloons. Paris had, in 1890, 29,583 wine shops. Eminent physicians, such as Laquean and Lancereaux, consider that the abuse of alcohol is increasing the amount of phthisis in Paris. In 1893 there were 10,680 deaths from this disease, about two-thirds being in men. In New York the total number of deaths from this disease were, in 1893, only 2,128. It is evident that phthisis, like the wine shops, is two or three times more prevalent in Paris.

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Blepharitis.

By H. S. McGARVEN, M. D., Omaha, Neb.

READ BEFORE THE MEETING OF THE MISSOURI VALLEY MEDICAL SOCIETY, COUNCIL BLUFFS, IA., SEPT. 19, 1895.

I CHOOSE this subject, not because I have anything new to suggest in regard to it, but from the fact that it is so simple and common, it does not get the serious consideration it deserves. It is not at all uncommon to meet with cases which have gone on unattended for years, and in some of these cases the result is a condition, in a degree at least, incurable. By producing this short article I hope to create enough of interest in regard to it to demonstrate that it deserves as much *attention*, at least, as some subjects which are much more written about.

Definition: It may be defined as an inflammation of the border of the eye-lid, sub-acute or chronic. It is most frequently found among the children of the poor in our large cities, but may be found among people who are otherwise healthy and whose surroundings are in accordance with the rules of good health.

Symptoms: The patient will complain of weak eyes and of difficulty in separating the lids on awakening in the morning, of itching of the eyes after work, etc. On making an examination the lids, in mild cases, appear to be sprinkled with bran, or look red and swollen. In the more severe cases the edges of the lids may be covered with scabs intensely swollen and ulcerated. I will not attempt to give a classical division of the disease for the reason that scarcely any two authors give the same classification, and none of them pay any particular attention to their classification in subsequent remarks.

Sooner or later, from extension of the inflammatory condition to the sebaceous and Meibomian glands, the secretion becomes abundant and thick, coating over the edge of the lids, under which is a raw, swollen or ulcerated surface. At this stage an attempt to use the eyes, even for a short time will produce marked irritation. This swollen condition removes puncta from immediate contact with the ball, allowing tears to flow over the cheek and to accumulate in the lacus lachrymalis where their presence will cause a chronic conjunctivitis. The ulcerative form leads to permanent destruction of the cilia and will, if the case be not attended to, end only when all the cilia are gone. The hypertrophy at the border of the upper lid will cause it to drop or more or less by its own weight, and ectropion may be produced in the lower lid by the contraction of cicatricial tissue drawing the conjunctiva forward over the border of the lid, causing it to look as though bounded by a red streak or rim, destroying the well marked posterior border of the lid, preventing close coaptation of lid and ball as well as complete closure of lids. These conditions prevent the escape of tears through the proper channel, and this in its turn, produces excoriations and often eczema of the skin, causing it to contract and draw the lids farther and farther away from the ball until finally we have an ectropion of the entire lid. We

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also find the hair bulbs from which the cilia have fallen sending forth contorted and misdirected cilia. It is this chain of evil results which makes it a very important ailment, and should stimulate every physician who meets these cases to give them good attention, and in all possible instances to bring about a cure.

Causes: Refractive errors, scrofula, tuberculosis, measles, anemia, etc. An obstruction of the lachrymal canal at any point, or any other condtion, whereby the tears are diverted from their natural course and are caused to flow over the eyelids. Locally smoke, dust, heat and other irritants. Fuchs says the condition sometimes runs in families.

Treatment: Attend to any constitutional trouble and get the patient in an atmosphere free from dust and smoke. The scabs, if any exist, should be removed by a wash of some warm alkaline solution or by means of some antiseptic ointment. In case a wash is used the lids should be kept in contact with it for from twenty to thirty minutes. If the ointment be preferred it should be applied well over the edge of the closed lid at night and allowed to remain. On washing away the ointment in the morning the scabs will be removed without much trouble. The crusts removed, the underlying surface should be examined. In case the lid is not affected we are dealing with a conjunctival trouble and not a blepharitis. In cases where we find slight envolvement of the lids a mild mercurial ointment applied twice daily will usually produce a cure. Its use should be persisted in some time, however, after all signs of trouble are gone, as the disease is very liable to return. In cases where we find marked evidence of disease, the loose or distorted cilia should be removed, the others clipped close to the margin of the lid, small abscesses opened and the lid border painted with a strong solution of nitrate of silver or touched well with a mitigated stick. Of course care is to be used in making these applications. This may have to be repeated a great many times but it should be persisted in. The patient in the mean time may use cleansing lotions, washes of boric acid and mercurial ointments himself. It is sometimes of benefit to use in the cases of the squamous variety an application of pix liquida and spirits vini applied by means of a brush along the edges of the closed lids. In particularly obstinate cases it is well to occasionally syringe out the lachrymal canal whether a stricture exists or not. In case a refractive error exists correct it. Unquestionably a far greater number of these cases are due to this trouble than was formerly supposed. Instances are not wanting to prove that a great many patients have suffered for years from this affection, tried almost all forms of treatment when, by having a small degree of astigmatism corrected, relief was almost immediately obtained. Some cases are very obstinate and very prone to recur. If such be the case it is well to alternate with the different ointments of mercury as one may work better than another in certain instances.

Statistics show that up to 1839 one million leeches were supplied to the Parisian hospitals annually, which number twelve years later had decreased to 50,000 annually. Today we hardly hear of these creatures in medical practice, save among certain specialists and the French practitioners of Lower Canada and Louisiana.—*Medical Age.*

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SURGICAL NOTES.

By EMORY LANPHEAR, M. D., Ph. D., St. Louis, Mo.

Syphilitic Pleuritis.—It should not be forgotten that syphilis may be a cause of pleuritis. There are three varieties of this kind of pleurisy, differentiated according to the mode of invasion, viz.: (1) Primary syphilitic pleuritis—the inflammatory process beginning primarily in the pleura; (2) Pleuritis from extension of a syphilitic periostitis costalis to the pleura (peripleuritis syphilitica); and (3) Pleuritis caused by the secondary involvement of the pleura in pulmonary syphilis (pleuro-pneumonia syphilitica). When in the course of a chronic pleurisy the usual remedies fail, antisyphilitic treatment should be tried. As the disease is a tertiary manifestation the iodides rather than mercurials are indicated. Quite often it will be found that the cough, friction murmur and severe pains will disappear quickly from 30 grain doses of sodium iodide.

Treatment of Warts.—Simple cutting off or severe cauterization of warts never cures or prevents their return, but the trouble may be readily relieved by internal medication in most instances. Good results have been obtained from taking ten drops of the tincture of iodine thrice daily. But as a rule we get the best effects from the arsenical treatment, beginning in adults with two drops of Fowler's solution thrice daily, in children with half a drop thrice daily, and slightly increasing the dose every week. The warts crumble to pieces and disappear, especially when washing and drying the hands, so that the skin looks normal after two or three weeks. Relapses have never been observed.

A Good Injection for Gonorrhea.—The best injection recently advised for gonorrhea is a one per cent solution of creosote in borated decoction of witch-hazel. The following formula may be used:

℞ Decoction hamamelis.....100
Acidi borici.....q. s. ut ft. solut. sat.
Creosoti..... 1

Misce. Sig:—Inject four times daily. This solution will destroy the gonococcus in a few hours.

Subcutaneous Treatment of Abscesses.—Abscesses frequently form at a point where the scar following free incision is very objectionable. With chronic or "cold" abscesses the method of aspirating and injecting an antiseptic solution has been practiced for long. Recently Dr. Riechaud, of Bordeaux, has adopted this procedure with success in acute abscess. Instead of the time-honored free incision of the most dependent part, the abscess is aspirated, after which a solution of carbolic acid, 1 to 20, or of 10 per cent iodoform emulsion is injected. This method has been practiced for several months with marked success. The advantages claimed are, that it is less painful, leads to a more rapid healing, and leaves no traces of scar.

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A New Method of Treating Varicose Veins.—When the patient will not permit operative measures it is well to try the treatment advised by Landerer, of Leipsic: A special truss is applied like a garter, and by its permanent pressure on the saphena vein effects a cure. Pressure was obtained by an india rubber pad situated on the inner surface of the truss and filled with water. The pressure was kept up constantly until the wall of the dilated vein was ulcerated through. But if consent can be obtained for operative procedures the treatment known as Schede's is being tried with much favor. At a point just above the worst part of the variocosities the leg is encircled by an incision extending down to, but not into, the muscular tissue. Large veins are ligated and the wound sewed up. When healing occurs all the blood is forced to return through the deep veins, the superficial veins being obliterated. Dr. Meisenbach, of St. Louis, is very enthusiastic over the Schede method.

Obesity in Its Relation to Menstruation and Conception.—Most obese women suffer from sterility, amenorrhea, scanty, and painful menstruation, and atrophy of the uterus. Obesity of long standing is almost invariably accompanied by anemic condition of the blood. This anemic condition of the blood is probably the cause of the amenorrhea and scanty menstruation. There are two classes of obese women. The first class includes those who have borne and nursed several children in quick succession. The second includes young women who have become obese from whatever cause. In the first class the climateric is premature, and the prognosis for future childbearing is very bad. In the second, the prognosis is good if certain directions, given with a view to improve the general health, are strictly followed. The sterility may be due to undeveloped or atrophied generative organs, to displacements resulting sometimes from the large deposits of fat, or a catarrhal condition of the endometrium. The generative organs of both sexes become atrophied as obesity progresses. The return of the blood from the pelvis is so restricted that bleeding results, causing abortion whenever conception occurs, or, failing that, impaired vitality of the child if carried to term. The treatment consists of a rigid diet, exercise, gymnastics, massage, and electricity.—Dr. E. S. McKee, of Cincinnati, Ohio, in the *Amer. Jour. of Obstetrics.*

Women are in demand in Chicago. The seventeenth ward, with a population of thirty thousand, has 3,200 more males than females.

By a recent decision of the Supreme Court of Michigan, in the case of Goodman vs. Shipley, a married woman, though living with her husband, is personally liable for medical services and medicines furnished to her, or to her daughter by a previous marriage, when the service was rendered at her request and her promise of payment given.

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THE MEDICAL HERALD

A PRACTICAL MONTHLY JOURNAL OF THE MEDICAL SCIENCES.

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EDITORIAL

THE MEDICAL COURSE.

The Association of American Medical Colleges has prescribed for its members a medical course of four sessions of six months each; and if reports be true, but few colleges have dropped out. In this action the Association is in advance of the Boards of Health of some states. This fact makes the situation embarrassing for its members. Those colleges which are members of the Association are at a disadvantage with those which are not.

So long as State Boards of Health shall not prescribe the four years' course for medical colleges, the three-terms course will continue with many of them, and this will result in the latter having the largest classes, a consequence that will, by no means, be agreeable. This course on the part of many colleges will the more certainly be taken because the Association has no "legal standing" with the Medical Boards. This is no fault of either party; but a consensus of opinion might be had, and a consequent uniformity of action adopted, if both parties so willed. But as long as they do not act the Association will "have a name to live while it is dead."

State Boards of Health have their states behind them, while the Association has no legal power to enforce its requirements. With it, it is simply conformity or withdrawal, while the withdrawal carries with it no serious consequences like those attending a disregard of the decisions of Boards of Health. In such a state of things medical colleges occupy an embarrassing position.

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But it seems, according to our esteemed contemporary, *The Maryland Medical Journal*, that the deans of some medical colleges have discovered a defect in the language of the resolution adopted by the Association prescribing a four years' course, which will afford a way of escape. It does not tell us what the fortunate defect is; but we venture the prophesy that it will avail nothing. One does not contemplate with complacency a hot poker when the cool end is held by the other party. He does not care to "tackle" the party or the poker. The Boards of Health hold the power, or at least claim and exercise it, which brings medical colleges to the point of obedience. The mandate is simply obey or die. Life is balanced on obedience; and hence, as colleges desire to live, they strive to obey. With the Association it is reputation; with State Boards it is life. Reputation may be recovered; not so life. It is not difficult to determine which road to take. The Association is practically a useless angle of this triangle. This is to be regretted; but who or what can alter the fact?

It is a useless matter for medical colleges to contend with State Boards of Health about the terms of admission or the time to be spent in colleges. There is no gain in it for them that ought to be a ruling motive in their management. The higher the grade of the preliminary education on the part of a matriculant is made, the better for the school. Its tasks will be easier because of the greater intelligence of the classes; and four years are more remunerative than three. Colleges should rather lead the Boards than the Boards, them. But boards and colleges are not the only parties concerned in medical education.

The student is a *sine qua non;* and quite an important factor though he may acquire no *legal* rights by matriculation which a Board of Health is bound to respect; yet common justice and common sense, which stand behind and under all laws, ought not to be ignored to the injury and detriment of a medical student. Preliminary requirements may be placed high —to that of an A. B., if he be previously and sufficiently, as to time, warned of it, so that he may have time to grow up to it. But it would be a reprehensible injustice if the knowledge of such a requirement should come to him only when he comes to register. If he had matriculated on a "first grade teacher's certificate," and at the beginning of his third year he should be confronted with a law that required him to present a diploma granting him the degree of A. B. at the time he should apply to the Board for registration, all would say that the requirement of *him* was unjust and an outrage on a helpless victim. But the law would be made to say that the matriculant acquired no right at that time, and by this act that would excuse him from a requirement legally existing at the time of his graduation.

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It may be said or thought that no State Board of Health would be or could be guilty of such an act of injustice. Let it be so considered.

But something very similar to this has been done. A student matriculates at a time when graduation may be accomplished in two terms of five or six months. He enters college and completes one session. During the interval between the end of the first session and the beginning of the second, a Board of Health decrees that a student must attend three terms of five months each before he can graduate. According to the ruling of these Board-courts, that student will be obliged to attend three terms before he can graduate. He began while the two-terms law was in force, but when he finishes the second term under the three-years law, his course is extended through an additional term. In like manner, if a student matriculates under the three-years law, and a four-terms law is enacted before his third session is completed, that law denies to him graduation at the expected time, and obliges the attendance through another term. This being the law as interpreted, it is evident that the number of terms that will be made necessary, will be but a temporary provision of but little, if any, real or practical benefit, or consideration to students matriculating from year to year, or to colleges either.

It would free this question of all doubt and embarrassment if Boards of Health would ordain that every student may graduate according to the terms-law in force at the time of his matriculation, and this would do no injury or injustice to school, student, or public. It has been the custom with medical colleges, and custom sometimes has the force of a law.

RULES FOR TREPHINING FOR INSANITY.

Lanphear, of St. Louis, in the *Journal of the American Medical Association*, lays down these rules for trephining for insanity:

1. Every depressed fracture of the skull should be subjected to operation at the time of accident, regardless of the amount of depression and irrespective of pressure symptoms.

2. Every case of prolonged unconsciousness following a blow in the frontal region should be trephined for exploratory purposes; upon both sides if necessary.

3. The skull should be opened in all cases of insanity dependent upon trauma, at the earliest possible moment after development of the mental symptoms.

4. Operation is justifiable in every case of serious suspicion of tumor; abscess or softening of the frontal (or any other accessible) region.

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5. Operation is advisable in every insanity following cerebral or meningeal hemorrhage in which localization is possible, the clot accessible and the mental trouble of recent development.

6. Every case of insanity developing in the history of otitis media suppurativa deserves immediate exposure of the favorite site of cerebral abscess.

7. Trephining for the purpose of breaking up adhesions of an old meningitis has been successfully practiced, though it is not to be strongly advised.

8. Establishment of permanent drainage beneath the scalp is permissible in the beginning of a terminal dementia succeeding chronic hydrocephalus.

9. Operation for epileptic insanity is advisable whenever there are symptoms pointing to a focal lesion.

10. Experimental trephining in the early stage of general paralysis of the insane is considered worthy of further trial.

11. Operation should be done for even a suspicion of the existence of a gummy deposit in the bone or meninges.

12. The formation of fenestræ in the skull is permissible whenever there is evidence of intra-cranial pressure, even of unknown origin.

THE LIVER AS AN ORGAN OF ELIMINATION.

Fütterer (*Medicine*, Aug. '95), of Chicago, has made a valuable contribution to clinical medicine, in his study of the liver as an organ of elimination of corpuscular elements. The following are his conclusions:

1. The liver eliminates germs or corpuscular elements from the blood current.

2. The bile does not destroy germs, but allows them to multiply.

3. Relapses of typhoid fever may be caused by typhoid bacilli entering the intestinal canal by way of the ductus choledochus.

4. Tubercular enteritis can be caused in the same way.

5. Diarrhœa in general sepsis may also be caused in this way. terer.)

6. Typhoid bacilli may form the nucleus of gall-stones. (Dufourt, Chiari.)

7. Typhoid bacilli, on their way through the liver, can cause inflammation of the gall-ducts. (Dupré.)

8. There is a condition deserving the name cholecystitis typhosa. (Gilbert and Girode.)

9. Typhoid bacilli may be found in the gall-bladder eight months after a typhoid fever, if an obstruction prevents their being eliminated into the intestinal canal. (Dupré.)

10. Iodide of potassium injected hypodermically can be found in the gall-bladder after the lapse of five minutes, and probably even sooner.

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SOCIETY GATHERINGS

MEDICAL SOCIETY OF THE MISSOURI VALLEY.

IT affords THE MEDICAL HERALD much pleasure to announce the election to the presidency, of Dr. Frederic S. Thomas, of Council Bluffs, and the selection of Dr. Donald Macrae, Jr., to succeed him as Secretary. Dr. Macrae is a chip off the old block, and will do his duty well.

Dr. Thomas' connection with the society of which he is now the honored President, dates back to 1888, when the plan for its organization was formed by himself and Dr. Macrae; the first meeting being held September 27th of that year. Dr. Thomas has served as Secretary of the Society ever since, and much of its success is due to his untiring efforts in that capacity.

BIOGRAPHICAL.

Dr. Frederic S. Thomas, the President-elect of the Medical Society of the Missouri Valley, was born at Chatham, Columbia County, New York, September 23rd, 1845. His father was of Welsh and English ancestry, while his mother was German. His paternal grandfather was a member of the Continental Army during the Revolutionary War. The doctor came with his parents, while a boy, to Warsaw, Illinois, where he obtained his education. While yet very young he enlisted in an Illinois regiment, and participated in some of the battles of the Civil War. He attended medical lectures from '66 to '70, at the Medical College in Keokuk, Iowa, graduating in the class of '70. He practiced awhile in Van Buren County, Iowa, and later came to Western Iowa to "grow up with the country." Doctor Thomas did a country practice in the eastern portion of Pottawattamie County for fifteen years, then removing to the county-seat (Council Bluffs) where he has since resided. For the last eight years the doctor has been a teacher in one of the medical schools of Omaha, and at present occupies the chair of Mental Diseases in the Creighton Medical College of that city.

Frederic S. Thomas, M. D.

His practice, while not limited, is largely in mental and nervous diseases, having charge of the insane of Pottawattamie County, and being one of the commissioners for the insane of that county.

Dr. Thomas is the possessor of a happy disposition, a ready fund of wit, and is an expert at repartee, having few equals as a story-teller. He is blessed with a charming wife and three interesting daughters, Ethyl, Edyth and Evelyn. Miss Edyth has made quite a reputation as an elocutionist, although but twelve years of age, and has been honored with an invitation to give a recital at the Atlanta Exposition. C. W. F.

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THE EIGHTH ANNUAL MEETING

of the Medical Society of the Missouri Valley convened in the Government Building at Council Bluffs, Iowa, Thursday, September 19th, at 10 oclock A.M. The prevailing hot weather, together with the alluring influences of the Nebraska State Fair at Omaha, tended to have a depressing effect on the attendance. Members continued to arrive, however, and when the afternoon session was called to order by President Wright, a goodly number was present. The following named physicians were elected to membership:

A. A. Ashby, Red Oak, Ia.; H. E. W. Barnes, Creston, Ia.; F. E. Beal, Papillion, Neb.; Carl F. Deetken, Council Bluffs, Ia.; Carl Engel, Minden, Ia.; Henry Gulick, Omaha, Neb.; F. E. L. Hester, Glenwood, Ia.; P. S. Keough, Omaha, Neb.; W. B. Lawrence, Red Oak, Ia.; Austin McMichael, Rock Port, Mo.; G. A. Meredith, Crawford, Neb.; A. F. Miller, Randolph, Neb.; J. H. Nicoll, Villisca, Ia.; I. U. Parsons, Malvern, Ia.; C. M. Paschal, Bedford, Ia.; F. M. Powell, Glenwood, Ia.; W. S. Riebey, Red Oak, Ia.; F. A. Stockdale, Griswold, Ia. The regular programme was then taken up, and the following papers were read, in order: Scarlet Fever; Treatment of Complications and Sequelæ, H. M. McClanahan, M. D., Omaha; Pruritis Ani, Daniel Morton, M. D., St. Joseph, Mo.; Recent Progress in Rhinology, Geo. Wilkinson, M. D., Omaha; Protoplasm, J. S. Foote, M. D., Omaha; Placenta Previa, Its Dangers, J. H. Talboy, M. D., Sioux City; Some Mechanical Problems in Cases of Hernia, B. B. Davis, M.D., Omaha; Treatment of Hernia (Injection, Mechanical, Operative), C. C. Allison, M. D., Omaha; Twenty-three Cases of Paraplegia Complicating Pott's Disease, etc., W. Ross Martin, M. D., Omaha.; Renal Calculi, J. M. Barstow, M. D., Council Bluffs, Ia.; Intra-Abdominal Injuries from Horse Kicks, A. F. Jonas, M. D., Omaha; Positive Diagnosis not Always Made from History and Examination, P. S. Keogh, M. D., Omaha; Blepharitis Ciliaris, H. S. McGavren, M. D., Omaha; Chronic Cystitis in Women, Treatment by Dilatation and Rest, Carl Engel, M. D., Minden, Ia.; Diseases of the Frontal Sinus, F. S. Owens, M. D., Omaha; An Interesting Condition of the Fallopian Tubes Revealed During an Operation for Double Pyo-Salphinx, J. B. Knott, M. D., Sioux City; Varicose Veins of the Leg and Their Treatment, A. L. Wright, M. D., Carroll, Ia.

Dr. Donald Macrae,
First President of the Society.

On Thursday evening, after adjournment, most of the members took electric cars for Omaha, to witness the parade by the Knights of Ak-Sar-Ben, and a truly magnificent pageant it proved to be.

THE NEW OFFICERS.

The election of officers for the ensuing year resulted as follows:
President, DR. FREDERIC S. THOMAS, Council Bluffs, Iowa.
First Vice-President, DR. F. W. PORTERFIELD, Atlantic, Iowa.

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Second Vice-President, DR. REBECCA HANNA, Red Oak, Iowa.
Treasurer, DR. T. B. LACEY, Council Bluffs, Iowa.
Secretary, DR. DONALD MACRAE, JR., Council Bluffs, Iowa.
Next place of meeting, in March, 1896, Atlantic, Iowa.

THE EXCURSION TO HOT SPRINGS.

Promptly at 3 o'clock the special train rolled out of the Webster Street Station of the Fremont, Elkhorn and Missouri Valley Railway, bearing the delegates and their wives to the far-famed land of eternal sunshine. The train was in charge of Mr. B. W. Munn, Assistant General Passenger Agent, the members of the Society being quartered in the two elegant sleepers, Dunlap and Plattsmouth, chaperoned by Drs. Macrae and Thomas and their ladies. Following is the personnel of the party:

"PLATTSMOUTH"

Dr. F. S. Thomas and wife, Council Bluffs.
Dr. H. B. Jennings and wife, Council Bluffs.
Dr. T. B. Lacey, Council Bluffs.
Mrs. Dr. J. C. Robertson, Council Bluffs.
Dr. B. F. Crummer, Omaha.
Dr. R. M. Stone and wife, Omaha.
Dr. H. Gulick and wife, Omaha.
Dr. J. P. Lord, wife and sister, Omaha.
Dr. W. S. Gibbs and wife, Omaha.
Dr. W. F. Pierce and wife, Carson, Iowa.
Dr. H. E. W. Barnes and wife, Creston, Iowa.
Dr. J. E. Howe and wife, Greenfield, Iowa.
Dr. F. E. Beal and wife, Papillion, Neb.
Dr. W. R. Talboy and wife, New Castle, Neb.
Dr. J. W. Kime, editor Iowa Medical Journal, Fort Dodge.
Dr. Charles Rice, Smithland, Iowa.
Dr. McMichael, Rockport, Mo.
Dr. J. H. Nichol and wife, Villisca, Iowa.
Dr. W. S. Agnew, Chicago, of the Londonderry Lithia Spring Water company.
Dr. C. R. Woodson, superintendent of the Missouri State Asylum No. 2, St. Joseph.
Charles Wood Fassett and wife, Medical Herald, St. Joseph, Mo.

"DUNLAP"

Dr. Donald Macrae and wife, Council Bluffs.
Dr. A. B. Somers and wife, Omaha.
Dr. W. O. Bridges, Omaha.
Dr. C. Deetkin and wife, Council Bluffs.
Dr. A. E. Gibson and wife, Oakland, Iowa.
Dr. W. H. Slabaugh and daughter, South Omaha.
Dr. J. K. Witt and son, Logan, Iowa.
Dr. J. B. Hungate and wife, Weeping Water, Neb.
Dr. George Wilkinson, editor Clinic, Omaha.
Dr. F. M. Powell, superintendent F. M. Institution, Omaha.
Dr. J. F. Taylor, Salix, Iowa.
Dr. H. S. Rogers and wife, Red Oak.
Dr. W. R. Lavander, Omaha.
Dr. R. C. Moore and wife, Omaha.
Dr. C. W. McGavern, wife and sister, Miss Conley, Missouri Valley, Iowa.
Dr. J. R. Scott and wife, Malvern, Iowa.
Dr. I. U. Parsons, Malvern, Iowa.
Dr. C. A. Love and wife, Malvern, Iowa.
Mrs. Campbell, Malvern, Iowa.
Mrs. Black, Chicago, Ill.
Miss McDermott, Council Bluffs, Iowa.
Dr. F. T. Seybert, Council Bluffs, Iowa.

The heavy train necessitated a delay at several points, so that it was quite late when it ran into Norfolk Junction for supper, a repast to which every one did full justice.

The thermometer, upon leaving Omaha, was hovering around the nineties, but a veritable surprise proved to be in store, for shortly after midnight we struck—not a Dakota blizzard, for according to Dr. Hargens this term has been outlawed—but a sudden fall of temperature, some forty degrees or more, which made us all realize that "something had dropped." Ice-cream suits and straw hats sought the seclusion of the smoker, and Dr. Barnes lost no time in enveloping his linen duster in a red Pullman blanket. Londonderry Sparkling Water, which had been the favorite drink the evening before, was now forced to give way to the exhilarating and seductive Tri-Iodides, and a report of six inches of snow at Deadwood was an incentive to partake freely.

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HOT SPRINGS.

It was nearly nine o'clock in the morning when Drs. Hargens, Moffit, and Adams, the delegation from Hot Springs, boarded the train, and pinning on us red badges of welcome, assured the shivering delegates that they were not on the way to join the Peary expedition. With confidence thus restored, and a good breakfast at Buffalo Gap, the party were in excellent spirits as the Valley of the Minnekahta appeared to view, especially as Dr. Hargens assured us that this was the first cold day Hot Springs had experienced for seventeen years. We repaired immediately to the Evans Hotel, a handsome pink stone structure, five stories high, and one of the most perfect hostelries we have ever visited. After partaking of an excellent luncheon, the Society re-convened iu the Opera House and listened to an address of welcome by Honorable A. R. Anderson, in which the Society was heartily welcomed to Hot Springs. Dr. F. S. Thomas, President-elect responded on behalf of the Association. The regular program was then proceeded with, the following papers being read and discussed: Pathology and Etiology of Appendicitis; Some Recent Investigations, W. R. Lavender, M. D., Omaha; Some Thoughts on Appendicitis as a Purely Surgical Disease, Donald Macrae, M. D., Council Bluffs; Report of Surgical Cases, J. P. Lord, M. D., Omaha; The Ethics of the Prognosis, B. F. Crummer, M. D., Omaha; Mountain Fever, W. E. Adams, M. D., Hot Springs, S. D.; Climate and Mineral Water in the Treatment of Chronic Diseases, C. W. Hargens, M. D., Hot Springs, S. D.

Dr. Donald Macrae, Jr., The New Secretary.

Upon adjournment a large party of members and their ladies visited the Plunge Bath, an immense covered pool, 50x150, where a refreshing swim was indulged in for an hour or more. The exhilarating effect of this magnetic water served to sharpen the appetites of the guests for the bountiful spread at the Catholicon, to which institution they were conveyed in carriages at seven o'clock.

T. B. Lacey, M. D., Treasurer.

BANQUET AT THE CATHOLICON.

Under the management of the Rev. Hungerford this hotel has recently been elegantly refurnished, and especially designed for the care of invalids, under the direction of a board of competent physicians. It is situated in a quiet neighborhood, about a mile south of town, near one of the best springs, and connected with an excellent bath house.

The guests were given an opportunity to inspect the building during the early part of the evening, and all expressed surprise and gratification at finding such thorough and elegant appointments.

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When the call was given for supper a beautiful vision awaited the guests as they marched into the handsomely decorated dining room. As an evidence of the good things indulged in by those fortunate enough to be present, we append below, the contents of the toast and menu cards:

TOASTS.

Toast Master—Dr. D. Macrae, Council Bluffs.

Address of Welcome—Dr. T. W. Moffitt, Hot Springs, S. D.

Response—Dr. F. S. Thomas, Council Bluffs, Iowa.

The Social Life of the Physician—Dr. W. S. Gibbs, Omaha, Neb.

The Doctor's Wife—Dr. C. W. Hargens, Hot Springs, S. D.

The Railroads and the Doctor—Dr. Macrae, Council Bluffs, Iowa.

The Medical Press—Mr. Charles Wood Fassett, St. Joseph, Mo.

Water—Dr. Hugh Barnes, Creston, Iowa.

Medical Men in the Great West—Dr. T. B. Lacey, Council Bluffs, Iowa.

Plunge Bath—Dr. C. R. Woodson, St. Joseph, Mo.

The Black Hills—Rev. Hungerford, Hot Springs, S. D.

Hot Springs—Dr. J. W. Kime, Ft. Dodge, Iowa.

MENU.

Low Neck Blue Points, Served Hot
Latent.
Microscopic Parasites with Bacteria 16 to 1.

SOUPS.

Skillagalee de Argon.
Eau de la Jointure de Genou.

FISH.

Baleine a'Grillade Fin de Siecle.
Truite de Montagne, Rocky.

ROASTS.

Assassinated Dear's Heart.
Beef, Cauterized.
Porcine Cadaver with Apple Sauce.
(Adams')
Chicken, Dislocated.

GAME.

Penuchle, Fricasseed Polo
Golf Sticks with "Scotch Plaid" Gravy.

ENTREES.

Inflated Pneumatic Liver.
Billy Goat Butts Boiled Bias.
Pink Pills like your mother used to make.
Saratoga Chips that Pass in the Night.

DESSERT.

F. E. & M. V. R. R. Conductor's Punch.
B. & Mo. River R. R. Glace.
Catholicon Spring Sanitarium Sherbet.
Kola nut Pie Oasis in Bloomers

After the ten courses had been disposed of, to the eminent satisfaction of the guests, the toast master, Dr. Donald Macrae, called time, and announced the list of toasters. A general idea of what was said and the prevailing spirit of congeniality and appreciation, may be gleaned from what follows:

THE TOASTS.

The first on the list being an address of welcome, DR. T. W. MOFFITT, of Hot Springs, responded in the following graceful manner:

Mr. Toastmaster, Ladies and Gentlemen:—I am addressing you tonight under a distinct disadvantage, a disadvantage which has accompanied me through a long and chequered professional career—a morbid and uncontrollable habit of truth telling. In consequence of this habit I cannot tell you that the duty and pleasure of bidding you welcome has devolved upon me unexpectedly, and then astonish you with the brilliancy of a few impromptu remarks hastily composed on the spur of—two or three months. That is where I am handicapped. But there are compensations in all things, and in this instance, I am, I hope, enabled to command unquestioning belief when I assure you of the delight and gratification your visit affords us.

You, gentlemen, have left your happy homes and your happy, happy patients in the far off Missouri valley to come here and verify the wonderful reports which have reached you from time to time, regarding our water. You have doubtless by this time discovered that they are all true, that no water is more beneficial applied externally, that no water has equal curative properties, that no water is more pleasant to the eye, that no water is or, er, wetter than the Hot Springs water. I have been lately told that no water blends so harmoniously with tri-iodides but I cannot, I am happy to say, speak from personal experience. From boyhood I have received careful moral training; I have always been warned to avoid evil, not to mix in bad company, and this precept I have faithfully observed. Gentlemen, I can lay my hand on my heart and assevérate with the utmost solemnity that I have never mixed in bad company. I have never mixed in any company. I never mix.

You, gentlemen, have not devoted yourselves entirely and exclusively to water—don't misunderstand me, I mean that you have been seeing the town, acquainting yourselves with the natural and artificial features of interest in our city and vicin-

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ity. You have seen our stately hills, our pleasant valleys, our waving pines and you would have seen an azure sky, only on festive occasions of this kind there is nothing blue about Hot Springs.

You have plunged—not into the giddy vortex of dissipation or anything of that kind—you have simply plunged, and could you be spared to stay a month or two, we could show you each day some new wonder, and train your footsteps in some new primrose path of dalliance.

We regret that this is not possible but we nevertheless appreciate the honor conferred upon us by the presence of so distinguished a body as the Missouri Valley Medical Society for even so short a time. We are no strangers to this society's fame, to the high scientific attainments of its members, or their rigid adherence to rule and high and ethical standard which is so indispensable to the well being of such an organization, the public, and the dignity of the profession. These qualities command our highest admiration and respect.

But while we are grateful to you, gentlemen, for your presence and for the good you are about to do us, this gratitude, great as it is, dwindles, peaks and shrivels into abject insignificance when compared to the gratitude we feel for the presence of the fair ladies who accompany you. I do not intend to dwell upon their manifold charms and graces, for that, as I said before I can speak nothing but the truth and in this case the sober truth would demand every superlative term of basest flattery.

For this then, above everything, we thank you once again, and with the utmost sincerity, we bid you welcome.

DR. F. S. THOMAS, of Council Bluffs, president-elect of the Society, responded in his usual happy manner, prefacing his remarks with an amusing story of the Irishman's goat, which having swallowed his only red flannel shirt, was doomed to die across the track of a neighboring railway. The goat, like Dr. Thomas, was prepared for any emergency, however, and "coughed up" the shirt in time to flag the train.

"The Social Life of the Physician," was portrayed in its various phases by DR. W. S. GIBBS, of Omaha, and the doctor followed the student from the time he entered the medical college 'till he graduated and entered his professional duties. He closed by saying that a doctor never enjoys social or any other kind of life until he marries.

"The Doctor's Wife," unquestionably the gem of the evening, was the subject responded to by DR. C. W. HARGENS, of Hot Springs.

Mr. Toastmaster, Ladies and Gentlemen:—What Doctor Gibbs has just remarked about a successful physician being a married man, is a statement that contains a great deal of truth—I see here this evening one or two very bright physicians that are not married men. Abe Lincoln once completely non-plussed a special messenger, sent to the United States to inform its president of the forthcoming marriage of one of the members of England's royal family. The delegate was one of England's most noted members of the House of Lords and a bachelor. After Abe had most patiently listened to the long and formal announcement—he looked up to it and replied by saying, "Go Thou and do Likewise"—to these young and

C. W. Hargens, M. D.,
Chairman Arrangement Committee, Hot Springs, S. D.

desirable young bachelor doctors I feel like saying—"Go Thou and do Likewise." I had a very pretty speech prepared for this occasion but the possessive case of doctor's wife, now a little over two years old, is an unguarded moment laid bold hands upon it and with it started a conflagration in the back yard. However,

"Here's to her who long
Hath waked the poets sigh
The girl who gave to song
What gold could never buy.

My subject, the doctor's wife, is a very, very tender one, it is the opposite of what we physicians designate as sclerotic. I have always been a warm admirer of one doctor's wife, moreover I have always had a tender feeling for other doctor's wives. Ladies it pleases me greatly to see you in the capacity of a doctor's wife.

There is an oft rehearsed expression about a woman not being able to keep a secret. This I think does not apply to the doctor's wife, a wise physician never tells his wife any of his professional secrets—a physician's wife, still wiser, never repeats them after they have been told———her. Doctor never trust your wife with a secret; there is but one secret that a woman can keep;—that is her age—I never yet have seen a woman that age could wither.

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I see by the bill of fare that we have low necked blue points and oases in bloomers; this, I think is a mistake, a doctor's blue points are never low necked and his oasis is never in bloomers. A doctor's wife is unto himself like an oasis unto the burning sands of the Sahara; at this oasis he finds meat, drink, rest, encouragement and sympathy. We are but human, and the mighty and daily rounds, among malignant diseases, hysterical old women and that fashionable but beautiful and poetic disease, appendicitis, is indeed a trying one. We glory in our successes, our successes are offset by our failures; now a patient recovers, and the public applauds; now a patient dies and the public looks on with corrugated brows and omnious shakes of the head. Seldom does a patient pay you more than the amount of the bill presented. More often he objects to the size of it. At times he gets even by comparing you to some disciple of one of those petty medical sects; those remnants of the dark ages, and ancient barbarism, those mushrooms that spring up in dark places out of the damp soil of ignorance and superstition, live or die and rot to give place to other stools for toads; whose sects cannot number among their entire class one single soul, whose name in medical history will go down to posterity as a benefactor of the human race. It is after riding camels of this character through the burning sands of trouble, under the scorching rays of envy, and unreliable criticism from layman, out in the darkness, rain and mud; out in the whirling snowstorm, to visit the orphans and the friendless, where your only reward will be that received at the Pearly Gates beyond the River; that on our return we are met at the door by the doctor's wife, who there becomes the ministering angel to our hunger, fatigue and mental disquietude.

God bless the doctor's wife, she and she only knows and appreciates the difficulties of an honest, noble and conscientious physician. There is one word in the English language more beautiful than all the rest. A word to which cling the tendrils of many a cherished memory, a word to which is linked the memory of a fond father, a devoted mother and a childhood's home; a word most intimately linked to all that we hold near and dear to us on earth; a word that should ever be painted with a saintly halo about it; the word will pass down the line of life for ages and ages to come; poor John Howard Payne, never had a home, but he wrote, in the agony of his homeless state, and yearning soul, the most beautiful of all thoughts, which set to song, is that which the doctor's wife makes, Home Sweet Home.

"The Railroads and the Doctor" was the subject of a few very pointed remarks by DR. DONALD MACRAE. He referred to the kindness of the railway companies in affording the Association free transpotation to the Carlsbad of America, but intimated tha tthe returns would be a thousand fold. The profession is daily doing much good for the railways and their patrons through the Railway Surgeons' Association.

"The Medical Press" was the subject assigned to MR. CHAS. WOOD FASSETT, of the Medical Herald, St. Joseph, Mo.:

Mr. Toastmaster, Ladies and Gentlemen:—While I appreciate the honor conferred in this invitation to respond, I fell a fulness of the inner man, which lies below the diaphragm, as a result of having responded too often and too liberally to the "toasts" on the righthand side of the menu card. This condition, combined with a dreamy state of the encephalic man, make my ideas few and far between.

"Edmund Burke said there are three estates in Parliament, but in the reporter's gallery yonder, sits a fourth estate more important than they all."

And while the function of the Medical Press may not approach the importance attributed in Carlisle's "Hero Worship" to the daily papers, yet I think it is conceded to be an important factor in the success of every Medical Society. In the medical journal are printed the original papers and the proceedings of the Society, thus perpetuating its history, year after year, and acting as a stimulus to the attendance at its meetings. The press, we are often informed, is a great educational institution. The statement usually comes from interested parties, and as they hold the cool end of the poker, no one seems inclined to question the broad-gauge declaration. The word educational is to be taken in its fullest and best sense, if we listen to those behind the poker, but when we examine the advertising that the average daily paper carries, such as for instance, Bilious Bile Beans, Ache's Celery Compound, Bunyon's Homoeopathic Remedies, and that sweet, kind, appealing and persuasive countenance of long acquaintance, the dear departed "Lydia," we feel disposed to question the quality of the education.

If the intelligent portion of the community entered the columns of the daily or weekly paper and discussed living questions of public interest to a greater extent, the press might justly claim to be a public educator. Of course there are exceptions, and the excellent monthly magazines of today may be truly classed as educators of the people.

The editors of Medical Journals, however, do not boast of moulding medical opinion; aspiring only to be the avenue of the profession to the medical public—an exponent, not a dictator; an arena upon which physicians and surgeons and specialists may meet and exchange their views in any department of the science.

It is said that pharmacy is the handmaiden of the medical profession.

If so, then the Medical Journal is the bicycle, I should say the vehicle, in which she rides.

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The profession must acknowledge the rapid strides made in the pharmaceutical world, the results of which are first made known through the medium of the Medical Press.

The publishers of medical journals have long been cognizant of the fact that their advertising pages were not as clean as they might be, and the recent action of the trustees of the American Medical Association will, no doubt, be heralded with delight by an intelligent profession. I refer to the resolution taking effect the first of the year, by which no advertising will be inserted in the Journal unless it contains a formula, official, or chemic name, and quantity of each ingredient composing the preparations, and as Secretary of the American Medical Publishers' Association, I sincerely hope to see all our members following in the wake. We must look to the profession, however, for our support in this matter of reformation, for it means a diminution of our income in the advertising pages; but we fondly hope it will result in a large increase in our subscription list. The journals are not the only sinners; the physicians are equally guilty. The honest practitioner of medicine should know in all cases the character of the drug, and the exact formula of the preparation he prescribes. I have faith that the profession will aid us in this reformation.

I believe the expulsion of objectional advertisements will enhance the value and increase the circulation of all the medical journals; elevate them to a dignity and character heretofore unattained. In this connection I beg to call your attention to another and greater evil; that of substitution. The true pharmacists have given you preparations that are time tried and valuable, and have come to stay; especially along the line of palatable medication and their rights should be protected. When you prescribe Battle's Bromidia, or Henry's Tri-Iodides, or Marchand's Hydrozone, etc., be sure and get the genuine. It is but justice to the Journals; it is but justice to these gentlemen who have spent a life time under the guidance of their professional brethren in perfecting these preparations, and rendering palatable many nauseous but valuable drugs.

Of course a pleasant taste should not be made to cover an impudent pretension.

I am not a doctor, but I may be a patient some day; if so I will accept graciously the tasteful remedy, but not the therapeutics of the manufacturer; this must be left in the hands of the doctor. I speak as a patient, and for a patient; I choose my doctor and let him choose his remedies, with the modest request that his drugs do not torture my features by their taste. And right here allow me to say that in selecting my doctor, I should put my trust in one who is a constant reader of the medical press.

As I remarked a few minutes ago, I do not like distasteful medicine in large doses, therefore I ought not to attempt to impose the same on you—remembering the words of the poet—"Happy is the man who talks to the point and stops upon reaching it."

"Water" was the subject responded to by DR. HUGH BARNES, of Creston, Iowa, and before he finished everyone was satisfied that he did not know what he was talking about. In fact the Doctor admitted to the reporter that it was a subject on which he was not well posted. Dr. Barnes said:

"'Water,' yes, just plain water, is the subject given me as a toast. Now this is a difficult subject in the abstract. I do not say it is a hard subject, for the toast does not call for hard water, nor soft water, nor Londonderry water, neither am I allowed to mix it with the Tri-Iodides."

It has been said by that genial heathen, Col. Robert G. Ingersoll, that this planet is better adapted to raising fish than men, and while that may be true still mankind requires water occasionally and from the distribution and arrangement of the mineral and hot springs it is evident that the Creator (who makes no mistakes) intends them for our benefit. Now there are no Springs located on this earth where the environments present so rich and varied a character. Here indeed at hand is the buried. Herculaneum and Pompeii of past ages. We are on the shores of a vast inland sea. Here sported the huge "Wrenk" and the fierce "Ban Jack" engaged in terrific and deadly encounter with the uncouth and ponderous "Wizzen," over its waves skimmed with leathery wings the "Wicker" and the "Fillaloo"; along its shores gamboled the five toed progenitor of our own "sweet little Alex." Hence it is that from the standpoint of a skilled paleontologist and geologist I reflect upon your surroundings with profound emotion. I am creditably informed also that your "Cave of the Winds" is only excelled by the House of Representatives in Washington, D. C. Just think of it all. I am happy tonight to be able to present to you a very recent analysis of the waters of these Springs made by my distinguished friend, Dr. Thomas, of Council Bluffs, whose well known researches on "The prehistoric constituents held in suspension by the waters of the Missouri River" is familiar to all of you, in addition to the chemicals already found. He finds in a state of very high dilution Aconitum, Rus Tox, Mercurius, Belladonna, Bryonia, Nux Vomica, Pulsatilla, Calendula. He has also discovered a substance he believes is the Bi-chloride of Gold in the proportion of 16 of the Bi-chloride to 1 of the gold. Should the researches of the doctor prove to be correct (and no true Hawkeye doubts it) what tribe or people on the foot stool and under the whole canopy of Heaven wont this water suit? Where is the man who can successfully cast a true horoscope of the future of Hot Springs, S. D.? What master of Palmistry dare look into your open hand and read the lines aright? Who is the seer and oracle that peering into the future sees the glorious destiny that awaits you? When the opulent dwellers of Iowa stricken with gout, and the plethoric Incas of Missouri

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from frequent libations see visions of your old set again reanimated with life, then will their vessels gently place these future "Darius Greens in their flying machines" and headed for these Hot Springs they will find the elixir that poor old Ponce de Leon so vainly sought. Then hail and farewell Hot Springs may you be a "joy forever" to thousands yet unborn. The wonderous story of your healing powers go ringing round the globe. You will be famous for "Fame comes only when deserved and then is as inevitable as destiny, for it is destiny." Ladies and gentlemen I thank you.

"Medical Men in the Great West," was to have been responded to by Dr. B. F. Crummer, of Omaha, but in his unavoidable absence DR. T. B. LACEY, of Council Bluffs, was called upon, and paid a glowing tribute to his fellow physicians.

DR. C. R. WOODSON, of St. Joseph, made a most happy impromptu response to "The Plunge Bath," which was the wittiest and most amusing of the evening. He portrayed the pleasures of boyhood, when he and his brother used to dam a branch of the "Old Missouri," and how the sun would vesicate the upper section of their spinal column; and how a little later in the day his mother and a peach limb would vesicate the lower portion of his anatomy. The Doctor closed by saying that could they have had such a luxurious place to bathe in as the "Plunge Bath," he is quite sure his back would have been saved much "tanning."

REV. HUNGERFORD then told his guests of the plans he had laid for an ideal sanitarium, and was glad to have them, one and all, inspect and criticise the entire establishment. The Doctor laid particular stress upon the high moral tone of Hot Springs, in comparison with other older health resorts.

The last toast of the evening was "Hot Springs," and the response by DR. J. W. KLINE was a most pleasing one, and expressed the sentiments of all those present.

My friends:—We must admit that we are most agreeably surprised and pleased at what we have found nestling here at the foot of these hills. We, of course, expected to receive a cordial welcome to an enterprising western city; but we were not prepared for the continued round of pleasures and good things which you have poured into our laps, as well as into our spacious "inner man." Of course we expected to be treated to hot water—we expected to go home "water logged," we expected the 58½ per cent. of which, your genial Dr. Hargens informs us we carry in our composition, would be increased at least 75 per cent., while our ultra "drys" from Iowa, would absorb at least double that amount, either of water or Tri-Iodides. But while your water is good, and most of us go home cleaner than we ever were before, or ever will be again, unless we come your way, we find your generosity is not limited to hot water; but, like it, rolls up and overflows freely, cheerfully and warmly, gladdening every heart that partakes thereof. "In the wilds of the Black Hills" has a new sense to us from tonight. As we go about your beautiful city, look upon your magnificent hotels which do credit to any city in the land, your fine business blocks, your perfectly equipped sanitaria, and drink to our fill the delightful scenery round about you, we forget we are on the border land of civilization where only yesterday the yelps of the coyote and the war whoop of the savage resounded in these hills and reverberated in these beautiful valleys. Today civilization smiles, a thousand happy homes are founded, and God is worshiped in your temples. I but express the sentiments of all your guests when I say that we return to our homes, wiser, better and happier men, for having visited your beautiful city and partaken of your generous hospitality.

After the resounding echoes of Dr. Kime's stentorian voice had died away, the guests were driven to the Evans, where a complimentary ball was given them by the management. The hour was late, but the limited time was made the most of by the doctors and their ladies, and the sweet strains of the Ninth Cavalry Band caused more than one to forget that it was Sunday morning.

SUNDAY IN THE BLACK HILLS.

Sunday morning dawned bright and clear, and a more beautiful day could not be imagined. After an early breakfast a party was formed for a trip to the famous Cave of the Winds. Two tallyho coaches were called into requisition, while another party, composed of the Hydropathic element of the Association, preferred an invigorating plunge bath.

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After luncheon a trip to Look Out and to the Soldier's Home was indulged in, the party returning to the Evans in time to have their photographs pulled, an excellent reproduction of which appears in another portion of this issue of THE HERALD.

After partaking of a farewell dinner at the Evans, the Association reluctantly prepared to say adieu to their newly-found friends.

The special cars which had been retained on the sidetrack were now attached to the East-bound Burlington train, and as it pulled away from the station prolonged hurrahs rent the air, and three hearty cheers were given for Hot Springs, the Carlsbad of America.

HOMEWARD BOUND.

The merry party, whose acquaintance on the outward trip had by this time ripened into friendship, were prepared to enjoy themselves to the fullest extent, and thus seek to obliterate the poignant pangs of parting.

A short stop was made at Edgemont, a little city of remarkable growth, which a few years ago was known as "Siding Number Seven."

Here we were met by Major A. L. Sharrock, and his estimable wife, and conducted to his office, where an informal reception was held, and many beautiful specimens, illustrative of the resources of this country, were distributed to the visitors.

According to reports, the populace of this healthy neck of the woods are never sick, but should perchance some of them be injured in the stone quarry, the woolen mill, or should fall in the irrigating canal, Edgemont boasts of three able physicians who would respond to the call of the unfortunates. They are Drs. Jones, Nicholson and Philbrick.

After leaving Edgemont, (The Mid-Republic City, as it is called) the remainder of the evening was devoted to song, and the strains that ascended from the Plattsmouth far out-rivaled the efforts of a Brooklyn church choir.

DR. THOMAS PIPED.

The remainder of the trip home was uneventful, save one pleasant little episode which we are about to relate:

Learning that Dr. Thomas, for eight years Secretary, and now the President-Elect of the Society, was about to have a birthday, Deacon Barnes and others conceived the idea of presenting the doctor with a slight token of the esteem in which he is held by every one.

Fortunately Dr. Barnes discovered some Navajo pipes in the front end of the train; a pretty specimen was secured and attached to a bottle of Londonderry Water—emblem of purity—joined to the pipe of peace. This was presented to Dr. Thomas in a very touching manner, by Dr. Barnes. In rapt attention the audience listened while Dr. Barnes referred in glowing terms to the little infant, which fifty years ago, lay struggling, crowing, and grasping at the sunlight, in the Thomas home, 'mid the mountains of New York. After paying a tribute to Dr. Thomas' parents, and eulogizing the baby boy from the cradle up to the present time, Dr. Barnes closed with the earnest wish that Dr. Thomas might be spared another fifty years, and sitting under his own vine and fig tree, live to smoke his handsome pipe,

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and see in the wreaths of smoke as they circle above his head, vivid pictures of this occasion and remembrances of his friends in the Medical Society of the Missouri Valley.

Dr. Thomas thanked the speaker and the Association in a few well chosen words, calling attention to the fact that this present differed somewhat from one given him fifty years ago, although they both were intended to be used in the mouth; he referred to the little piece of muslin in which was enveloped a small quantity of sugar. This pleasant scene was closed by all joining in singing:

"For he's a jolly good fellow."

THE HERALD scribe, much to his regret, was obliged to leave the party at Lincoln, but is in receipt of advices from Drs. Thomas and Macrae, to the effect that nothing happened to mar the pleasure of the trip; and right here we wish to state that the largest share of credit is due to these two gentlemen for this successful meeting and the pleasurable outing; no one present will ever forget the Eighth Annual Meeting of the Missouri Valley Medical Society.

C. W. F.

SNAP SHOTS.

The Fin de Siecle story-teller was aboard.

We struck the equinoxial—and it reciprocated.

Hurrah for Hot Springs! "So say we all of us!"

Dr. Donald Macrae, Jr., will make an efficient secretary.

Dr. and Mrs. T. E. Beale were taken for a bridal couple.

Dr. Barnes, of Creston, Ia. was the "Medical Wit" of the party.

Dr. Barnes should be christened the "poet laughette" of the society.

Dr. Powell was accompanied by his daughter, Mrs. Black, of Chicago.

Dr. and Mrs. Gulick, and Dr. Kime, were missed by all on the return trip.

Dr. and Mrs. Somers did not return with the party, but took a trip to Deadwood.

The Edgemont Woolen Mill, it is said, will give employment to four hundred hands.

Dr. and Mrs. Gibbs and Dr. and Mrs. Moore, of Omaha, were prime favorites with all.

Drs. Lord and Stone, of Omaha, told some good stories during the trip to the Springs.

Dr. Jennings, of Council Bluffs, enjoyed the plunge bath without a shadow of a doubt.

Dr. C. R. Woodson, superintendent of the Missouri State Asylum, No. 2, is a capital swimmer.

It is to be hoped another excursion to Hot Springs will be one of the possibilities of the future.

Dr. Moffit, 'tis said, surprised his best friends by his brilliant post-prandial effort at the banquet.

Drs. Barnes and Hungate sampled the watermelons at Fremont, and pronounced them excellent.

Dr. Barnes had the misfortune to slip up on his "rind," when passing through the "banana belt."

Dr. and Mrs. Barnes, and little Irwin, were pronounced indispensable to the happiness of the crowd.

Mrs. Thomas, the wife of President Thomas, made friends of all the members, by her pleasant, gracious manners

Dr. Chas. Rice of Smithland, Ia., was the most dignified physician on the excursion. He is a pleasant gentleman.

Many members of the society showed their appreciation of the MEDICAL HERALD by renewing their subscriptions.

Mr. B. H. Bentley, agent of the Burlington at Deadwood, looked after the interests of the party on the return trip.

The "Doric" and the "Dougout" was Dr. Barnes' observation of the style of architecture in the North Loup country.

Dr. Deetken's fondness for Londonderry Lithia Water was firmly established by his ordering a bottle a 2.30 in the morning.

Dr. Hungate says that the Dakota blizzard is a myth; its true history is like that of the snakes in Ireland, nil, nit, nix.

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The only journals represented at Hot Springs were the Iowa Medical Journal, the MEDICAL HERALD and the Medical Fortnightly.

Drs. Stone, Thomas, Hungate, Kime and others, have good voices, and entertained the travelers with their selections of sacred music.

The souvenir edition of the MEDICAL HERALD was distributed on board the train, and was the subject of many complimentary comments.

Dr. Seybert of Council Bluffs, Ia., the largest man on the excursion, finally succeeded in finding a bath suit large enough to fit him, at the plunge.

Drs. Hargens, Adams and Moffit earned the hearty appreciation of the association for the excellent manner in which they arranged the entertainment at Hot Springs.

The Hot Springs newspapers are very enterprising, and gave excellent reports of the doings of the Society. The Herald printed many of the papers and toasts in full.

Ex-president A. L. Wright, whose biography appeared in our last issue, graduated from Rush Medical College, in 1874. This fact was inadvertently omitted from the sketch.

It was a source of universal regret that the President, Dr A. L. Wright, could not accompany the party to Hot Springs, his professional engagements making it impossible.

Sunday at Hot Springs was an ideal day, and fully substantiated the assurances of the resident physicians that one dark day at a time was all they ever have in Hot Springs

The delay of two hours in getting out of Hot Springs was said to have been occasioned by Dr. Thomas' banquet story of the "goat" and the "red flannel shirt." It "flagged the train."

Dr. Donald Macrae, of Council Bluffs, the "Grandfather" of the Society, in whose hands the excursion was placed, and through whose efforts the trip was secured, was signally effective in making the journey pleasant.

Dr. T. B. Lacey of Council Bluffs, the genial Treasurer of the society, made himself useful to the ladies without husbands. They trusted him with their pocket books, knowing that he was not the kind that skip to Canada.

The amount of noise emanating from the "Plattsmouth" caused some one to make the unkind remark, that it must be the "incurable ward," as they had seen Drs. Woodson and Thomas making the "rounds" among the patients.

Mr. Kennett F. Harris, of Hot Springs is an old St. Joseph boy, having been on the Evening News staff some ten years ago. Mr. Harris is now editor and publisher of the Hesperian, a literary magazine published at Hot Springs, South Dakota.

Chief Clerk Nickerbocker, of the Evans, was one of the pioneers in the hotel business in St. Joseph, having officiated in the old Patee House during the days of the Pony Express; and he is still a young man, judging from the celerity with which he serves a houseful of guests.

The famous Londonderry Lithia Water was served free on the special train, much to the gratification of all. Especially was this service enjoyed by the ladies. Dr W. S. Agnew, of Chicago, was in charge, and made many new friends for himself and the sparkling Londonderry.

Mr. F. A Henry, who has lately succeeded the old firm of Renz & Henry, in the pharmacal line, sent a case of samples of his famous Tri-Iodides for use on the excursion, and it was most liberally prescribed for the prevailing "rheumatics" among the members. One lady remarked that the effect of Henry's Tri-Iodides was simply miraculous in relieving a severe rheumatic pain in her wrist.

The Catholicon banquet comprised all of the delicacies of the season, and was served in the best of style, but one feature predominated above all—the presence of the ladies. We have always insisted that the pleasure of an early evening dinner would be enhanced by the attendance of the fair sex, and now it has been proven. The ladies lend a charm and grace to any social event and have a decided tendency to elevate the tone of the after-dinner speeches.

Dr. R. C. Moore of Omaha, is the picture of complacency, and one would think his temper never ruffled. The doctor, however, says it had a frill on it at one time. He was called to see a patient in the country, and was told to hurry. As he was driving at a rapid gait he overtook and passed another fellow-traveler. Arriving at the house the doctor had just taken his seat by the bedside of the patient, and was preparing to diagnose the case, when a rap at the door attracted his attention. The lady of the house not being present for the moment, the doctor opened the door and admitted the stranger, who proceeded to make his business known at once. It proved to be the man the doctor had passed on the way, and he was selling tombstones! Dr. Moore told him (as he gritted his teeth) that he could not give him an order just then, but he might sit down and wait.

During the session in Hot Springs, Dr. B. F. Crummer, of Omaha, introduced the following resolution, which was unanimously adopted:

Resolved, That the members of the Missouri Valley Medical Association here assembled desire to record their grateful appreciation of the many courtesies shown them on this occasion, and to extend their sincere thanks to the medical representatives of Hot Springs, the citizens and the F. E. & M. V. and B. & M. Railroads for their many kind acts and generous hospitality.

We regard it as a matter for congratulation that we possess in this section of the Union a health resort whose climate and water possesses qualities second to none in a large class of chronic affections, and we take great pleasure in bringing Hot Springs, South Dakota, to the attention of the medical profession and the public.

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MISSISSIPPI VALLEY MEDICAL ASSOCIATION.

Proceedings of Annual Meeting at Detroit, September 3-6, 1895.

Officially Reported for THE MEDICAL HERALD.

Merganthaler Typesetting Machine.

The Association convened in the Strassburg Academy, and was called to order by Dr. H. O. Walker, of Detroit, chairman of the comittee of arrangements.

Prayer was offered by Rev. Marcus A. Brownson, of Detroit.

Dr. Walker then introduced Mayor Pingree, who paid an eloquent tribute to the medical profession, and extended a cordial greeting to the Association.

THE ADDRESS OF WELCOME.

The address of welcome on behalf of Detroit physicians was made by Dr. J. Henry Carstens, of Detroit.

Dr. Walker presented the President of the Association, Dr. Wm. N. Wishard, of Indianapolis, who delivered the

PRESIDENTIAL ADDRESS.

He said the importance and advancement of Detroit were represented by the standing and intelligence of the local physicians. He referred to the beginning of the four years course in medical colleges, and said that the fear that the new rule would operate to the disadvantage of the smaller schools was unfounded. The President urged the advisability of publishing the records, papers and discussions in some manner to make them accessible to all members. He recommended a permanent executive committee, and regretted that the large number of papers necessitated the holding of two meetings at the same time. He commended the preparations for the convention, and pledged his earnest efforts to the promotion of the profit and pleasure of the convention.

The reports of the Secretary and Treasurer were read and accepted.

The reading of papers was proceeded with, the first one being read by DR. THOMAS HUNT STUCKY, of Louisville, entitled

THE GOLD COMBINATIONS AS ALTERATIVES.

At a meeting of the Medico-Chirurgical Society of Louisville, April 5th, 1894, the author had the pleasure of exhibiting a series of cases who had been taking the preparations of gold and arsenic, known to the profession as arsenauro and mercauro. He was under the impression at that time that the good effect claimed was produced in three ways: (1) by stimulation of the secreting glands of the stomach; (2) by the probable alterative effect upon these secretions, and (3) that probably there was a local antiseptic influence exerted. The class of patients in which he had used the preparations were people afflicted mostly with consumption, Bright's disease in its various stages, chronic hepatic troubles, and convalescents. He made it a rule with all these cases to withdraw all medicines except the combinations of gold and arsenic. He had selected from a series of cases four or five, which he detailed.

CASE 1. Patient, a male, 60 years of age, with tuberculosis. History good. Eight drops of the mercuric bromide of gold and arsenic were given hypodermically every four hours, this treatment being continued for two months. No deleterious results were noticed. On the contrary, he is decidedly better; physical condition, color, appetite and bodily strength improved.

He reported a few cases out of a large number to demonstrate in his judgment conclusively that by the combination of gold and arsenic we have an agent acting as neither of the minerals do when administered separately, or in other words, we have an entirely new agent in so far as therapeutical action is concerned.

The author then dwelt at considerable length upon the chemical differences between the chloride of gold

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and sodium, and the bromide of gold and arsenic (arsenauro) with reference to their therapeutical action and subsequent elimination. He believes that in the action of the combination of bromide of gold and arsenic, it is entirely different from any therapeutic agent known. As compared with mercauro, iodine or the combinations of iodides, the action of gold in the combinations named is greater and intensified; that these combinations enter into the circulation as gold and arsenic, and spend their forces and exert their influence in an alterative way upon the glandular system; that a marked alterative effect is exerted upon all scleroses (nonmalignant); that it is not only a blood-maker, but a blood-builder; that it not only increases the quantity, but the quality of the corpuscles; that under its use haemaglobin is markedly increased; that it is eliminated by the kidneys; that they produce no irritation either when given per orum or hypodermically.

Cases corroborating the beneficial and curative effects of the preparations mentioned by the essayist were reported by Drs. A. P. Buchman, I. N. Love and Wm. F. Barclay.

LEGITMATE PHARMACY.

This paper was read by DR. WM. F. BARCLAY, of Pittsburg. He defined legitimate pharmacy as that which meets the necessities and demands of the regular medical profession and the people. The medical profession is entirely separate and distinct from pharmacy. Medicines are divided into four classes—patented, proprietary, non-proprietary and secret. There are a large number of cures, mixtures and tonics bearing the name of their originators and deserving of consideration as proprietary preparations. Pharmacists and physicians are interdependent and should work together. Legitimate pharmacy has called into service educated and able men, but the imcompetent and dishonest have got in, too, and cannot be too severely condemned. Pharmacists make errors, but physicians are careless, too, in writing prescriptions. Physicians should not favor any particular pharmacist, and should not receive pay from them. On the other hand, it is unworthy the profession for pharmacists to prescribe drugs or medicines. Legitimate pharmacy should protect the people from the nostrum-makers. Physicians have a right to require the highest skill and competency upon the part of the pharmacist, both for his own interest and the good of his patients.

DR. F. E. STEWART, of Detroit, read a paper on

COD LIVER OIL.

He considered the powerful stimudant action of cod liver oil on nutrition, also demonstrating with specimens the difference in the color of oil digested from fresh livers and that prepared from putrid livers, the former being pale, golden or light brown, according to the number of hours digested, and the latter dark brown. The darker oils contain more extractive matter. Dr. Stewart said the text books contained many errors regarding the preparation of cod liver oil.

DR. I. N. LOVE in the discussion, conceded the merits of the paper, but expressed himself as rather skeptical as to the value of cod liver oil. He declared that there was danger of our getting too professional, and said that which brings relief to the patient is to be commended. He favored proprietary remedies which have come to the profession through pharmaceutical channels.

DR. TOD D. GILLIAM, of Columbus, O., read a paper entitled

UTERINE FIBROIDS—WHEN TO OPERATE.

The medical and electrical treatment of uterine fibroids is today in a very unsettled state. While it cannot be denied that amelioration or even recovery has followed such lines of treatment, there has not been that degree of uniformity in results calculated to inspire confidence. To the author's mind, there is no better field for a competent observer, than the study of natural history of uterine fibroids. It will enable us to determine the true value of so-called curative agencies. It will insure a more certain prognosis. It will give the proper cue to surgical interference. If, out of 100 cases, 90 suffering women can be restored to lives of usefulness and happiness, would it not be better

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to give them a chance? No surgeon is justified in doing hysterectomy or the more serious operations for uterine fibroids when the patient has not experienced sufficient trouble to make it a menace to her life.

DR. WM. HUMISTON read a paper entitled

A METHOD OF PREVENTING THIRST FOLLOWING CELIOTOMY.

He said, "No one who has had any experience in the after-care of abdominal cases, will deny the important place that thirst occupies. It is the one prominent, annoying and distressing symptom, and I know it can be overcome.

"This is my method of procedure: The patient should have the usual preparation for celiotomy; i. e., diet, daily baths, cathartics, etc. For three days prior to operation order the patient to drink one pint of hot water an hour before each meal and on retiring, thus drinking two quarts of water each twenty-four hours, the last pint to be taken three hours before the time set for operation. Do not omit to give the water the day previous to the operation, while the patient is restricted to a limited amount of liquid nourishment and the bowels are being unloaded. We thus restore to the system the large loss of fluid occasioned by the free use of catharsis, and we have the great satisfaction of seeing our patient pass through the trying ordeal of the first thirty-six hours after the operation in comparative comfort, with no thirst, a moist tongue, and an active renal function, represented by an excretion of from twenty-eight to fifty fluid ounces of urine during the first twenty-four hours, catheterization being seldom necessary. This is in keeping with the full character of the pulse noted.

"The above detail I have recently carried out in twelve cases. To eleven chloroform was administered, to one ether. The time required to complete the operation varied from ten to fifty-five minutes. Whether the case was one of sclertoic ovaries or a pus case with universal adhesions of all the pelvic structures, the result has been uniform and highly satisfactory, thirst being allayed and excretion stimulated.

"I believe this method will prove to be efficient in the hands of abdominal surgeons generally, and I publish it early with all confidence that the twelve cases that I have had will soon be fortified by the reports of many hundreds, and that by it we may avoid a condition that is and has been distressing alike to the patient, surgeon and nurse.'"

H. O. WALKER, M. D.

TUBERCULAR PERITONITIS.

This paper was read by DR. L. H. DUNNING, of Indianapolis, Ind. In the domain of surgery there is no more attractive study than tubercular peritonitis. The mode of invasion, forms of the disease, diagnosis and treatment were considered in the paper, and finally a brief history of five cases was given.

Tubercular peritonitis, with effusion, is now universally considered a surgical disease. Even in the acute suppurative cases adominal section yields a sufficient number of successes to render its employment imperative. Senn excludes all forms of the disease from surgical treatment except the exudative form. Manclaire gives as the chief contraindications to surgical treatment, the generalization of the lesion, and the existence of profound systemic inflection. Linder analyzes the results in 205 operations, with a

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mortality of 7.5 per cent. The deaths resulting in the most of these cases was from prolapse. In cases of involvements of the tubes and ovaries they should be extirpated. His experience in two cases leads him to believe that we should, if possible, avoid using silk ligatures in tying the pedicle when it is necessary to remove the uterine appendages.

H. W. LOEB, M. D.

CASE 1. Mrs. A. B., aged 56 years, consulted the author concerning the extirpation of a fibroid tumor of the uterus. She had passed the menopause five years previously, but the tumor had gradually increased in size. At the time of examination it had reached the umbilicus. There was a small amount of fluid in the abdomen, and on opening it probably a quart of clear, straw-colored fluid ran out. The peritoneum and intestines were studded with innumerable small grayish deposits of the size of millet seed. Similar deposits thickly studded the serous covering of the tumor. The intestines were agglutinated, but were not adherent to the tumor. After removal of the tumor by supravaginal hysterectomy, and ventro-fixation of the stump, the abdominal cavity was irrigated, and then leaving the drainage tube just behind the stump, the abdominal incision was closed. Recovery.

In CASE 2, a diagnosis of ovarian tumor had been made and examination revealed an accumulation of fluid in the abdomen which was encysted. The uterus fixed and immovable and was outlined in the pelvis upon the right side, which the author believed to be a small ovarian tumor surrounded by inflammatory exudates. An exploratory incision was made, and three gallons of dark fluid evacuated from the abdominal cavity. A small tumor was felt in the pelvic cavity. The incision was enlarged, the tumor enucleated, and the pedicle tied off, together with the Fallopian tube. The left tube and ovary were likewise extirpated. On exposing the abdominal and pelvic cavities to view, it was seen that the viscera were thickly studded with small grayish deposits. Microscopical examination demonstrated the presence of tubercle bacilli. Patient now, eleven months after operation, in good health. Two of the five cases reported by the author terminated fatally.

DR. GILLIAM, of Ohio, believes that where we have tuberculosis of the ovaries and tubes, it is better to remove the uterus, too.

DR. J. FRANK, of Chicago, asked whether any of the members, who had operated for tuberculosis of the peritoneum, had noticed a recurrence, or how long the patient was immuned from further attack.

DR. HUMISTON, of Cleveland, O., reported two cases upon which he had operated successfully.

TO BE CONTINUED

The Nominating Committee reported as follows, which was adopted:

PRESIDENT—Dr. H. O. Walker, Detroit.

FIRST VICE-PRESIDENT—Dr. B. M. Ricketts, Cincinnati.

SECOND VICE-PRESIDENT—Dr. F. C. Woodburn, Indianapolis.

SECRETARY—Dr. H. W. Loeb, St. Louis.

TREASURER—Dr. H. N. Moyer, Chicago.

JUDICIAL COUNCIL—Drs. W. N. Wishard, T. E. Holland and A. P. Buchman.

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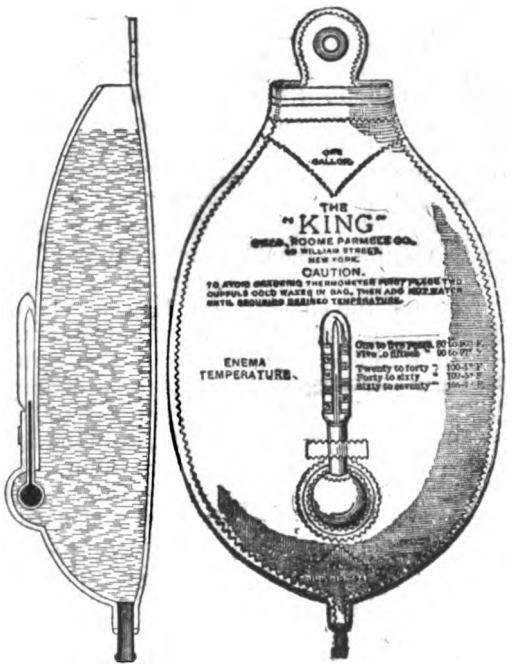
The "King" Fountain Syringe.—There are very few doctors in this country who do not know Dr. Ferdinand King, publisher of the *New York Polyclinic*, and even that minority will rejoice to know that the genial doctor has evolved in his No. 8¾ cranium one of the most useful inventions of the age, and in which there is undoubtedly a fortune for the inventor and manufacturer. We refer to the Thermometer Syringe illustrated below, and a glance at the picture will explain its purpose. We all know the importance, as well as the difficulty, of having the enema at just the proper temperature, and when treating children especially. In the majority of cases the water is either too hot or too cold; if the latter, there is a contraction of the parts, and the patient does not get the quantity of water desired,



Sectional view shows the bulb of thermometer in absolute contact with fluid contents of the bag.

to say nothing of the damage arising from chilling the parts; or on the other hand, of overheating the already inflamed membrane. Another and most important feature of this syringe is that an enema may be given a child while asleep, without disturbing it, so perfectly can the temperature be regulated before introducing the tube (and for this purpose we should recommend a soft rubber catheter). This syringe is made of the very best rubber, one gallon size, and carefully packed in a wooden box. Sent to any address, expressage prepaid, for only $2.00. Charles Roome Parmele Co., Manufacturers, 92 William, New York City.—*Med. Fortnightly.*

For $3.00 we will send you the "King" syringe and THE MEDICAL HERALD until December, 1896.

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Practical Hints as to the Treatment of Dyspepsia. — When the attention of the profession was first called to the use of pepsin, it was thought by many that it would be a universal cure for nearly every case of indigestion; but it has failed to prove its value in so many cases that a great many practitioners have ceased to use it. Then it was thought that pancreatic extracts, either alone or combined with pepsin, would be a great panacea, and there has been a great deal said pro and con as to the use of such compounds; but the situation today is that many practitioners have lost all faith in digestive animal ferments, while others have equally as much confidence in their efficacy. These disappointments are mostly due to these and also diastasic preparations being prescribed in unsuitable cases. A very considerable portion of cases of indigestion are due to the insufficient mastication of food, and this is followed by imperfect digestion in the stomach; if the stomach is loaded with fermenting material or mucous, the use of hot water sipped slowly an hour before each meal may be depended upon to give good results; then if the secretion of pepsin is defective, pepsin should be administered; if there is a deficient secretion of acid, hydrochloric acid should be administered with the pepsin; if the salivary secretion is deficient in quality or quantity and the patient will not take the time to chew his food slowly, or if he has the bad habit of chewing tobacco after eating, or if he is a smoker who expectorates whilst indulging in his smoke, it will be necessary to administer diastase immediately after the meal so as to assist nature in the proper transformation of the starches of the food; in such cases we usually rely for the diastase on Maltine plain, or with cascara sagrada if there is constipation. When the process of a stomach digestion is incomplete, the acid fermenting material gives rise in time to duodenal catarrh; this produces a congestion of the membranes and interferes with the free flow of the biliary and pancreatic secretions and also the activity of the glands throughout the entire intestinal tract. This is the most common form of indigestion and has received least attention. Many cases of so-called neurasthenia are merely reflex irritations from duodenal indigestion; the gone feeling, the malaise, the sensation of being always tired, cold and hot flashes, inability to sleep well at night, but with heaviness during the day, and flatulence are some of the symptoms of this form of indigestion, and it is sometimes not inappropriately called "nervous dyspepsia." The treatment should be comprehensive, taking into consideration the salivary, stomach and intestinal secretions, and it is of the utmost importance that the alimentary canal be kept clean, and laxatives given if necessary. In cases where there is loss of weight and general debility, with the nervous symptoms prominent, we know of no one preparation that will give more satisfaction than Maltine with coca wine, which should be taken at or immediately after eating. Each ounce of this preparation contains enough diastase to digest fifteen ounces of starch at the bodily temperature, and all the active principles and extractive matter from thirty grains of erythroxylon coca leaf. The beneficial tonic effect of the coca in this combination is felt immediately, and the diastase will so advance the digestion of the starches of the food, that the duodenum is relieved of a certain proportion of its work, and good effects follow promptly.

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NEWS AND MISCELLANY

Nay, Verily.—It is said the State Board of Health of Iowa has refused to recognize the Ensworth Medical College, St. Joseph, Mo.; the State Board of Health of Missouri is also said to have taken similar action.—*North American Medical Review.*

Please make inquiry of the secretary of the Board, who is not far from you, and make the necessary correction. State the facts.

The Difference.—Dr. William G. Grace of England has achieved distinction by having made two hundred runs at cricket, and now a London daily paper has started a testimonial fund to which the people are graciously contributing. Nearly $10,000 has already been collected.—*The Physician and Surgeon.*

In this country it seems difficult to raise even $5000 for the maintenance of so valuable a library as the *Index Medicus.*

Quality vs. Quantity.—A patient in Beyreuth, was afflicted with cataract in both eyes. He contracted with an oculist to have two operations performed—one on each eye—for £50 sterling. The first operation proved very successful, but when the doctor offered to operate also on the other eye, the patient refused, declaring that he could see as much as he wanted with one eye and tendered half of the amount stimpulated, i. e., £25. The physician, however, says that he fixed the price as low as he did in consideration of the quantity of payment to be received, not in consideration of the quantity of work to be done, and the unique case dispute is now before the courts awaiting a Solomonic settlement.

Marriages, Births and Deaths.—As might be expected the decline of marriages has been accompanied by a decline of births. Deaths are more numerous than births among the native population of France. The population of the country would decline but for the number of Italians, Slavs and Germans who have become residents. The birth rate in England has declined during twenty years from 38 per thousand of the population to 30, while in France it has sunk from 32 to 24. Proud Massachusetts boasts that her birth rate has increased during the past twenty-five years 25.6 to 25.8, but that slight increase does not show that the number of Pilgrim or Puritan stock is becoming greater. The Canadian French women "is abroad" in New England and she does not propose to have her race die out. She will preserve her reputation in her adopted country.

Death From Anesthesia.—Dr. R. W. Stewart, (*Maryland Med. Jour.*) reports a death from anesthesia as follows: "The patient had been admitted to the medical department of the Mercy Hospital for treatment for empyema. He was aspirated, but subsequently transferred to the surgical department and turned over to my care. I decided on a resection of the ribs and drainage of the chest. The patient was about forty-five years of age, rather weak, pulse 120, but as far as I could ascertain there was no organic disease of the heart. Owing to the circumstances of the case I took some extra precautions. For instance I asked the patient to allow me to operate without an anesthetic. His consent not being obtained I had him anesthetized in the operating-room with chloroform, using the mask for the purpose. The patient was under my observation all of the time, and also under the observation of four or five others. He took kindly to the anesthetic for about two minutes, when suddenly his respiration and pulse ceased, and he assumed a cadaveric hue. It seemed that both heart and lungs stopped together. Although closely watched, it was impossible to say which stopped first. Every effort was made to resuscitate him. Artificial respiration was immediately begun, but all efforts were useless. The man never gave a single evidence of life."

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Speech Restored by Drink.—Some time ago, according to the daily press, Gecrge Shepard of McKeesport, Pa., suddenly lost his powers of hearing and speech. One night he wrote a message to the bartender of the National hotel, asking him for a drink of whisky with something hot in it. He got a glass of whisky with a teaspoonful of black pepper. After drinking it Shepard sat down for a moment, then arose, his jaws working convulsively, and after a desperate effort he astonished all present by talking rapidly and throwing away his pencil and tablet, for which he had no further use. And thus another use is discovered for the "hot sling.'

Marsden's Paste for Epitheliomata.—Dr. John A. Wyeth believes that a paste composed of

Arsenious Acid	2 drachms
Powdered Acacia	1 "
Cocaine Muriate	18 grains

is to be preferred to the knife in the treatment of superficial epitheliomata. The above is made into a paste by adding water just before it is to be used and "should be of the consistency of a rich cream, and applied to the wound on a small piece of cloth, and left on from eighteen to thirty-six hours." The application repeated if necessary, and the strength of the paste may be decreased one-half in arsenic and one-third in cocaine.—*Pittsburg Med. Review.*

Kissing Prohibited in Chicago.—Recently Dr. C. F. Reilly, of the Chicago board of health, issued in all earnestness a circular on behalf of the board denouncing the practice of kissing. All the horrors of tuberculosis were dwelt upon and the manner in getting the disease is pictured in glowing words. It was said that the malady was communicated by the practice of kissing. After going through the whole list of bacilli to be lurking about the lips, the doctor concluded by declaring that any person who indulged in a kiss should at once wash their lips in carbolized rose water and dry them thoroughly to prevent the possible spread of diseases from osculation. The subject, notwithstanding it seriousness, was too much for the local wags, and they have found such strong support from the younger population that the good the circular was intended to do was neutralized by the ridicule showered upon it. In consequence a symposium of opinions from doctors of renown has been published, and as they uphold almost unanimously the teachings of Dr. Reilly, it is thought that kissing will become literally "forbidden fruit" even in the bosom of Chicago families.

A Physician Entrapped and Robbed.—Dr. George Drury, a Brooklyn physician, was the victim of the most audacious as well as well-planned robbery that has been experienced by any practitioner in many a day. He was decoyed to a vacant house, gagged and securely bound, and then stripped of his valuables and money, while a knife was held at his throat. The robbers carried out their plot without a hitch, and had taken flight more than half an hour before Dr. Drury recovered consciousness and released himself from his bonds. The telephone was the instrumentality of the summons in this case. Dr. Drury remembered that he recently had a patient whose name resembled that which was used over the telephone, and made reply that he would give the case his immediate attention. Whether the robbers knew of Dr. Drury's attendance upon a patient bearing the same name as that which they employed, or whether they chanced upon a resemblence, it shows a possible danger in the telephone calls. Look out for the unknown telephone caller, whether the name has a genuine ring or not! It is very easy for a designing rogue to work in with a coachman or other physician's employe and worm out the name of some patient that will fit in with a scheme of robbery. It may safely be predicted that we have not heard the last of this branch of thievish enterprise. Other cities beside Brooklyn will be its field of experiment. The telephone is a great labor saver, but it may be the cause of loss of life to some medical practitioner as well as being the tool of insult and robbery.—*Jour. Am. Med. Ass'n.*

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Cycling in Paris.—A Paris correspondent of the *Medical Record* writes that there are over one hundred thousand cyclists in that city, that nearly all the leading physicians ride, next come the lawyers, then the deputies, officers and even the Institute; the family physician prescribes the exercise as the most health-giving ever devised.

Our Art Department.—The Herald's representative in France has just been granted the privilege of reproducing some of the grand and rare old pictures found at Nice and Paris. There will be some fifty subjects in the collection, comprising the work of such artists as Gerome, Chlebowski, Medard, Serres, Perrault, etc., and have never been produced in America. The half-tone engravings from these works of will be ready in time for The Christmas Herald.

"Proprietary" Medicines.—In view of the recent action of the committee on advertisements which may or may not be admitted to the pages of the *Journal of the American Medical Association*, and the decision that only proprietary medicines bearing the formula, or the formula of which must be sent with the advertisement, can be accepted, it becomes necessary to draw the line pretty sharply. It is a hard thing to do, for we all know that there are preparations in general use, and held in high regard by the profession, which are necessarily "proprietary," and must be protected. The manufacturing chemist renders the medical profession a valuable service when he puts up in palatable form and attractive style a combination of remedies which in practice has been found useful; and in order to do this, he goes to great expense. He ought, therefore, to derive benefits from the sales. There is entirely too much hair splitting on this subject, and by men who, like the agitator in this case, Solis Cohen, strain at a gate and swallow a saw mill (as Willis King's Joe would have said). Cohen, we believe, along with Jacobi *et al.*, was in favor of seating, nay, of appointing to office in the International Medical Congress "new code men," that is to say, no code men; men who "homologate" with and recognize and consult with homeopaths, the very worst kind of bad irregulars,—quacks of the purest cheek (and ignorance) serene. And for our part, while the *Journal* will—must follow the pace set by the *Journal of the American Medical Association* (at Cohen's behest), we are not going to refuse the advertisement of any legitimate proprietary medicine which has established its claim to recognition and is in general use by the profession. We will draw the line at "patent medicines," i. e., secret medicines, and there is a big difference. Take the viburnum compound of Dr. Hayden for illustration, a popular "proprietary" medicine. Dr. Hayden is a regular physician of long and successful experience, brought up in the strictest school of "regularity." He found by experiment and observation, that a combination of the viburnum and other well known uterine tonics and alteratives was a good thing. He gave his formula freely to the profession, a demand was created for it, and, at great expense, he established a plant to manufacture it on a large scale. He has been a benefactor both to the profession and suffering humanity of the female gender; for his viburnum compound is a *good thing*, and will do to depend upon. The writer has satisfied himself on this point; and for painful and scanty menstruation, knows of nothing which will give quicker relief. Dr. Hayden is one of the pioneer practitioners of New England, and his experience is justly entitled to respect. We always thought it rather hard on the doctor that, no matter what he may invent or discover, he must not derive any benefit from it; and we think that such quibbling is out of date in this enlightened age. Dr. Hayden will send a bottle of his valuable preparation for trial to any physician who will pay express charges. What we have said above about valuable combinations of well known drugs, and the demand which has warranted manufacture on large scale, applies as well to many preparations: bromidia, listerine, aletris cordial, lapactic pills (S. & D.), a score of P., D. & Co.'s preparations, of Wyeth's, Schieffelin's, Fellow's hypophosphites, etc., all of which are offered the profession through the "Red Back."—*Texas Medical Journal.*

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A Comparison.—"A man is known by the company he keeps;" and a medical journal is known by the men who write for it.

Sterilizing Milk by Electricity.—Two German scientists have discovered that milk may be sterilized by subjecting it to the passage of an alternating electric current. All micro-organisms taken up by the milk from the air, etc., are said to be permanently destroyed by the electric current without affecting the quality of the milk treated to any appreciable extent.

Protonuclein.—Over 1000 favorable reports have been received from physicians in hospital and general practice by Messrs. Reed & Carnrick of New York, on the merits of Protonuclein. This preparation is regarded by some as possessing greater therapeutic value than any other product introduced to the profession during this century. In diphtheria, typhoid fever and tuberculosis it has power of exceptional value. The manufacturers are now sending out their clinical record of a hundred and fifty cases which they recently announced to the profession. This, with Professor Chittenden's analysis, will merit the attention of every progressive physician who receives a copy.

Cimicifuga in Rheumatism.—Dr. David Hurd is a firm believer in the efficiency of cimicfuga as a remedy for rheumatism of all kinds. He gives from 4 to 6 drops (presumably of the fluid extract) four times a day. The drug, like many others of its kind, possesses irritant properties which in large amounts produce vomiting and purging—a direct method of excretion possessed by the animal organism. In smaller doses it enters the circulation, and then it is only reasonable to suppose that the excretory organs are stimulated to extra activity in throwing the offending substance out of the system. To this increased activity of the emmunctories the improvement in rheumatic affections following the use of cimicifuga must doubtless be attributed.—*Med. Age.*

A Test in Pharmacal "Ethics."—Mr. E. A. Schubert, of Fostoria, Ohio, in the course of a paper on pharmacal ethics, relates this account of a practical test of the professional integrity and competency of retail druggists in a given section of his State—a section, by the way, probably the equal in professional intelligence and honesty of the average community in Ohio and other States. "I espoused the thought," remarks Mr. Schubert, "that it would be a capital idea to write a prescription of easy composition and analysis, to see how many druggists would fill it correctly. I set to work immediately mailing to each of fifty physicians one of the prescriptions, at the same time asked him to write it as a prescription of his own, send some friend with it to his druggist to have it filled, a copy taken and returned to me with the compounded prescription. Out of the fifty requests sent out, I received thirty-seven answers. The prescription called for a three-ounce preparation, but placing them side by side I found twenty-three to be three-ounce preparations, seven were in size four ounces, while the rest ranged in size from five to eight ounces. It was to be an emulsion; nineteen were of that composition, the remainder were far from being true to name. In color, when correctly filled, it would be nearly white; of these twenty-two were true in color, while the remainder ranged from a steel gray to nearly all the known hues. The principal active ingredient was the acetate of morphine; thirteen only contained this, the remainder contained the sulphate. Out of the entire number returned, eleven were found to be filled correctly. The remainder were base substitutions, either through ignorance or intention. Of the eleven that were correct, nine came from the hands of Ph. G's, the remaining were compounded by old and reliable druggists in the city. Of the twenty-six not properly filled we found five Ph. G's., the remainder were country druggists having very little experience in this line and located, with but few exceptions, in towns of 6,000 inhabitants and less." Can it be possible that this sort of recklessness and ignorance characterizes the profession in other intelligent communities? —*Western Druggist.*

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CONCERNING THE DOCTOR

Dr. Geo. D. Crother has returned from New York, where he attended a post-graduate course.

Dr. Elliott F. Rogers, of Chicago, formerly of Worchester, instructor in chemistry at Harvard, was found dead in his laboratory at Cambridge, October 2d.

Honored.—At a recent meeting of the Trustees of Jefferson Medical College, Philadelphia, the honorary degree of LL.D. was conferred on Dr. John Collins Warren, Professor of Surgery in Harvard University.

Dr. Ernest Laplace, LL.D.—At the annual Commencement of Georgetown University, Washington, D. C., the degree of LL.D. was conferred on Dr. Ernest Laplace, Professor of Surgery in the Medico-Chirugical College of Philadelphia.

Married.—Dr. F. Pierce Hoover of New York City, was married October 7th, to Miss Mamie Gotthold, a most talented young lady, whose brush has made her a reputation both at home and abroad. Dr. Hoover is engaged in the practice of diseases of the eye and ear, and has many friends in the West.

Dr. Frank B. Gardner met death from asphyxiation, in Baltimore, on Saturday, September 7th. When his servant went to his room to call him he found him unconscious and the gas turned on. It appears that in adjusting his mosquito net Dr. Gardner had pulled upon the stopcock and allowed the gas to escape.

H. W. Loeb, M. D.—The Herald is gratified to record the election of Dr. H. W. Loeb, of St. Louis, to the Secretaryship of the Mississippi Valley Medical Association, and an excellent portrait is presented in another portion of this issue. Dr. Loeb was for several years one of St. Joseph's most popular young physicians, and editor of the Medical Herald, and he possesses just enough of that progressive element to insure the continued success of the Association which has honored him with its most important office.

Dr. I. N. Love, editor of *The Medical Mirror*, was made the recipient of a handsome gold watch, at the recent meeting of the Mississippi Valley Medical Association, in Detroit. Speeches were made by Dr. C. A. L. Reed, of Cincinnati, and Mr. Wm. J. Evans, of New York City. Dr. Love responded in his usual happy style, declaring his unbounded satisfaction in the fact that the watch was "open-faced;" not alone on account of the "time" he would be saved, but he said it was symbolical of each and every member of the Chutmuck family. The watch bore the inscription, "To the Chief of the Chutmucks, from his Loyal Braves, B. B. B. B."

Dr. Thomas M. Hagin, one of the assistant physicians in the City Asylum at Hart's Island, committed suicide on July 24th. When found in his bed, his throat and wrists were badly gashed, and there was a pool of blood on the floor, and in it a small, blunt pen-knife. There can be no doubt that the wounds were self-inflicted with the blunt knife, and the wonder is that a skilled surgeon should should use so crude an instrument to accomplish his end. Dr. Hagin was born 28 years ago in Louisville, Ky., where his parents still live. He graduated from the University of Louisville and came to New York with his friend and fellow graduate, Dr. Francis S. Clark. He attended lectures at the Polyclinic Hospital and just a year ago was appointed to the position at Hart's Island. He was to have taken the examination required by the regents of the State University last month and was despondent when he learned that they did not recognize his certificate of graduation. He made arrangements to go back to Kentucky into private practice and would have left for home in a few days.—*Atlantic Med. Weekly.*

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Dr. Robert Battey, of Rome, Ga., died September 26th.

F. A. Henry, the well known chemist of Louisville, has succeeded the Renz & Henry Pharmacal Co. in the manufacture of the "Elixir Three Chlorides" and "Henry's Tri-Iodides," two favorite ethical preparations. Mr. Henry needs no introduction from our pen, for we feel safe in saying that no more popular gentleman can be found, nor one more conscientious in his duty to the medical profession.

Prof. Louis Pasteur died September 28th from paralysis, in his 73d year. Of late years M. Pasteur has devoted himself to the study of inoculation for disease and has achieved some very remarkable results in the prevention of hydrophobia; patients from all parts of Europe and America traveling to Paris to put themselves under his care. Large subscriptions were raised in France to form an "Institute Pasteur" where the methods of the great discoverer could be practiced and taught. On July 1, 1889, a meeting was convened at the Mansion House in London for the purpose of hearing statements by Sir James Paget and others in favor of establishing a Pasteur institution in London. A Pasteur institution was also established in America under the direction of pupils of Pasteur for the purpose of affording relief to Americans who could spare neither the time nor the money to make the trip to Europe for the purpose of placing themselves directly under the care of the great chemist. The cholera epidemic in 1892 led M. Pasteur to institute experiments in anti-choleric vaccinations, which proved successful in the case of animals. On December 25, 1892, M. Pasteur's seventieth birthday was enthusiastically celebrated before a representative official assembly, at Sorbonne, April 21, a Mural tablet was unveiled in his honor at the Ecole Normale. Last May considerable comment was caused by M. Pasteur refusing a decoration tendered him by the German emperor.

Dr. J. C. Hearne, for some time surgeon of the H. & St. J. R. R. at St. Joseph, and later of San Diego, Cal., is in jail, together with his wife, at Hannibal, Mo., upon a very serious charge, that of murdering Mr. A. J. Stillwell several years ago. At the time of the murder, the present Mrs. Dr. Hearne was the wife of Mr. Stillwell, who was murdered by a blow from an ax at the dead hour of night. Within a year after this terrible affair, Dr. Hearne and Mrs. Stillwell were married; already under suspicion, this act served to increase the indignation, and incited the people of Hannibal to almost open threats of violence, but the affair blew over. About a year ago, however, the San Francisco *Chronicle* published a review of the celebrated murder, in connection with the divorce proceedings recently instituted between the doctor and his wife. Dr. Hearne was greatly incensed at the reflections and intimations cast upon him in the article, and sued the paper for damages. The *Chronicle* in defense at once instigated the accumulation of testimony which resulted in the indictment referred to above. In a recent editorial, *The General Practitioner* says: "Dr. Joseph C. Hearne was one of the most prominent medical men in the State. He was appointed by Gov. Marmaduke a member of the State Board of Health, and was elected its first secretary. He was also chief surgeon of the Hannibal & St. Joseph R. R., and as a physician he was exceedingly popular, numbering among his patients many of the best families of Hannibal and Northeast Missouri. With more than average ability, with a well-earned, extensive and lucrative practice his position and surroundings were such as to cause his friends to have high anticipations of his future career. It is exceedingly unfortunate for Dr. Hearne, for the community in which he lived, and the profession to which he belonged, that such a grievous charge should be laid at his door. The medical profession of Missouri deeply regret his indictment; they had hoped in the face of newspaper vituperation and misrepresentation, that the doctor would escape this humiliation. The writer prefers to believe in his innocence, and while aware that many things said and done by the doctor in relation to this deplorable affair have been imprudent and incriminating, he still fears that the people of Hannibal are hardly fair in judging of his guilt or innocence."

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ITEMS OF INTEREST.

Unique.—Here's an order received by a local druggist a few days ago: "On ounz hors horne 1 Ounz Akker 1 ounz seate Owl. 1 smol pee-pee sringe."—*Nat'l Druggist.*

Its Uses Multiply.—Bicycling has been credited with materially affecting the trade in horses and horse vehicles; of curtailing the receipts of the saloon; and now it is charged with abating the smoking habit. What next?

The Cotton States and International Exposition opened at Atlanta, Ga., September 18th, and continues until December 31st. Remember the Missouri Pacific Railway offers the most direct route to the South. Correspond with F. P. Wade, P. & T. A., St. Joseph, Mo.

Free Visiting List.—The Borine Chemical Co., of New York City, has just issued a very practical Physicians' Pocket Day Book and Visiting List combined. They inform us that it will afford them pleasure to send copies of same to any of our readers who will write to them. They are well worth sending for.

The Fresh Undertaker.—There is one trick of the festive undertaker which the mortuary clerk of the city ought to put a stop to, if possible, and that is the firing of embalming fluid into a dead body before the attending physician has an opportunity either to inspect the body or make out a burial certificate, or even been notified of the death. To our certain knowledge this proceeding has occurred once during the past week. If this is to be permitted there will be no need of a physician's certificate, or even a coroner's inquest on a body—both will be useless and prove nothing.—*The General Practitioner.*

Von Bulow's Brain.—Hans von Bulow, the eminent pianist and conductor, who died at Cairo in February last, has for years been a martyr to maddening headaches. In accordance with his often-expressed wish, after his death, Professor Kaufmann, of Cairo, who performed the post-mortem examination, extracted the brain, and sent it to a German physician for examination. It now appears that the surface origin of two nerves leading to the scalp was imbedded in a scar, left by an attack of meningitis in early youth. Whether this can be held responsible for the great artist's many eccentricities must remain an open question.

Animal Extracts vs. Hammond.—The courts have restrained Dr. Wm. A. Hammond, The Hammond Sanitarium Company, Dr. Mahlon Hutchinson, and Dr. Hammond's son-in-law, Mr. Lanza, from manufacturing, advertising or selling the Animal Extracts. It appears that Dr. Hammond sold the sole right to these products, together with the use of the name, to the Columbia Chemical Company, but endeavored to give the right again to the Hammond Sanitarium Company, in which Dr. Hammond is a large stockholder. The Columbia Chemical Company, however, have fought the case with vigor, and have had their rights, under their contract with Dr. Hammond, upheld in every particular by the court.

A Balsamic Astringent.—The same satisfactory results following the use of Listerine in all sub-acute and chronic inflammations of the mucous membranes (whether urethral, vaginal, nasal or pharyngeal), is attended by its judicious employment upon the more sensitive surfaces of the eye and ear, and dilutions or combinations are best governed by the varied conditions, too many to be covered in this little note. The presence of pus and the succulent appearance of an abraded surface, with tendency to capillary hemorrhage, are certain indications for Listerine, which has been pronounced by an authority in the treatment of these affections, "A balsamic astringent without a rival." G. S. Hill, M. D., Wilmington, Ohio, says: As a prophylactic in epidemics of scarlatina, diphtheria and relapsing fevers, I have accomplished the highest results with Listerine, using it internally, externally and by hypodermic injection.

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IN THE JOURNALISTIC REALM

Literary Note from the Century Co.—Mrs. Humphry Ward's new novel, upon which she has been at work for the past two years, will be called "Sir George Tressady." It will run as a serial in *The Century*, beginning with November.

Advertising and Subscription Books.—We have been using Challen's Records for the past five years, and cheerfully say that for simplicity and utility they are the superior of any records we have ever examined.—MEDICAL HERALD Co.

Challen's Contract and Correspondence Records.—Adapted to any business or profession, ruled with printed headings, and indexed through to require the least possible writing to enter data and refer quickly to any name and save time and money. 5000 used and reordered. All kinds of Labor Saving Records on hand or made to order. CHALLEN, Publisher, 165 Broadway, New York.

The Amateur Sportsman, published by the M. T. Richardson Co., 27 Park Place, New York, comes to our table this month richly laden with interesting reading for hunters, anglers and dog fanciers. It contains appropriate half-tone engravings, instructive and practicle articles on hunting, fishing, camping, natural history, the rifle and the dog. It is the purpose of its publishers and owners to make the *Amateur Sportsman* in all respects a first-class paper for sportsman. A sample copy will be sent free of charge.

The St. Louis Clinique.—A vicisitudinal journal of no little merit, has sprung suddenly into its sweet Summers time, whose genial warmth one feels in his facile lines, and whose joyous good nature and tender spirit sparkels like a spar-growth before the lamp of incandescent light. Summers, such as are liable in Missouri, alsays give us heat, light, and with these a rich harvest of fruits and flowers. May no clouds ever exclude the light, but only that which softens the heat with its shade, and lifts the mind to the contemplation of its brilliant light.

Lippincott's Monthly Magazine for September and October presents its readers with very entertaining reading. A Case in Equity in the September number is an interesting story of a boom in Alabama, one of those gourd-like growths that spring up in a night and wither under the sun of a day. Napoleon and the Regent Diamond is an interesting reminiscence of that wonderful man, who still fills the world with amazement. Literary Woman at a Picnic, Decadence of the Drama, and Survival of Superstitions will please and instruct the reader.

The Cosmopolitan.—Rudyard Kipling makes his last appearance as a teller of Jungle Stories in this magazine for October. "Mowgli Leaves the Jungle Forever," and the curtain is drawn over one of the most charming conceits in literature. In the same number in which Mowgli makes his final adieux, appears for the first time before an American audience, the now-famed Richard Le Gallienne in a plea for religion under the title of "The Greatness of Man." A very important paper on "State Universities" is contributed to this number by Professor Ely. And among the story-tellers are Hopkinson Smith and Boyesen. No more beautiful work has ever appeared in any magazine than the marvelous illustrations of Cabrinety used as a frontispiece and accompanying the prose poem by Mrs. Cardozo. Drake—who is said to be Kipling's favorite artist for his Jungle Stories—Carter Beard, Osterlind, Denman, and Kemble, are among those who contribute a wealth of illustration to this number. The Cosmopolitan announces that it will begin the publication in January of *The Agriculturist's Illustrated Magazine*, to be fully the equal of *The Cosmopolitan*, but containing from sixteen to twenty pages by the ablest agricultural writers of the world, upon subjects of importance to the gariculturist, horticulturist, and stock-growing interests.

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THE MEDICAL HERALD

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AMUSEMENTS IN ST. JOSEPH.

THE CRAWFORD THEATER—Fifth and Jule streets—First-class attractions at popular prices. Seats reserved four days in advance. FRANK F. HAEL, manager.

THE NEW TOOTLE THEATRE—Finest House in the West.— TOOTLE ESTATE, Proprietors. Fifth and Francis Streets. Do not fail to visit the Tootle Theatre. Seats reserved by mail or telephone.

Wanted.—Situation as clerk by a Physician; ten years experience. Registered in Missouri. Address A. C. MAJOR, Kearney, Mo.

Sander & Son's Eucalypti Extract (Eucalyptol).—In the article treating on inhalations of eucalyptus in cases of diphtheritis (Berlin *Klin. Wochenschrift*, 1876, No. 21) by Prof. Dr. Mosler, Director of the Medical clinic of the University at Griefswald, it is stated: "The oleum eucalypti folies, I employed in my tests, I received through Holzle & Chelius, Frankfort-on-the-Main; it must not be mistaken for the more frequently offered oleum eucalypti australe which is obtained from the wood of the eucalyptus trees. This latter oil is used commonly for mechanical purposes and has a far cheaper price; it is, however, no longer applied by me as an internal medicament." We certify that the oleum eucalypti folies named in the Berlin *Klin Wochenscrift*, 1879, No. 21, and there mentioned to have been procured from us, was the product of Messrs. Sander & Sons, Sandhurst, Australia. Holzle & Chelius, Frankfort-on-the-Main, Agents.

Elixir Maltopepsine (Tilden's).—In addition to its special value as a remedy for indigestion in infants, children and delicate adults, Elixir Maltopepsine is found to possess pecular merit as a vehicle for the administration of many of the drugs which irritate the stomach and impair digestion and assimilation. It has proven of the greatest possible benefit in the administration of the iodides, bromides, salicylate of soda, iron, etc., because of its grateful influence on the stomach. Cases in which these and similar drugs cannot be borne, may be rendered not only tolerant, but really acceptable to the stomach by combining them with Elixir Maltopepsine in about the following proportion:

Citrate of iron	1 to 3	grains to each f. drachm of Elixir Maltopepsine.
" " and Quinine	1 to 3	" " " " "
Iodide of Potassium	1 to 3	" " " " "
Bromide "	2 to 4	" " " " "
Salicylate of soda	2 to 5	" " " " "

The above combinations readily suggest to the mind of the physicians the various conditions in which they would be applicable. If, in a case of indigestion, for example, with anæmia, debility, chlorosis, etc., what could be more appropriate than to associate with the Elixir Maltopepsine the Citrate of Iron, Citrate of Iron and Quinine, or Citrate of Iron, Quinine, Strychnine and Phosphorous (?) any of which will readily combine with the Elixir Maltopepsine, making an elegant and agreeable preparation, and one that nicely meets the indications presented in such cases. So in relation to the other drugs meeting the complications presented by a tuberculous-scrofulous, syphilitic or rheumatic diathesis, in a dyspeptic subject.

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Surgical Chair.—Any doctor in need of a first class operating chair, can secure a bargain by addressing RETIRED, care MEDICAL HERALD, St. Joseph, Mo.

Insomnia.—If the patient is unable to obtain sleep during the early hours of night, give trional; if patient falls to sleep upon retiring, but awakens too early, give sulfonal.—*Med. Record.*

In Hemicrania.—I have used Gurania in the treatment of hemicrania, and have come to regard it as a very useful addition to the resources of the physician in the treatment of that and other varieties of neuralgia.
WM. E. QUINE, M. D., Prof. Practice Medicine, College P. and S.

Great Relief.—J. Ringwood, M. R. C. P. I. and L. M. L. R. C. S. I., Kells, County Meath, Ireland, writes: "I have had the most satisfactory results from the use of Lilly's Glycones. Besides their certain gentle on the bowels, they give the greatest relief in all cases of pelvic congestion, pruritus and internal hemorroids."

Doctor.—Advice given in difficult medical cases, by an old physician, who has had more than ordinary success in the treatment of disease. Write him a statement of the case that puzzles you. Inclose $2.00, fee for consultation. By return mail you will get his opinion, and the plan of treatment he prescribes.
Address, ELI G. JONES, M. D. Ph. D., 84 Fair St., Paterson, N. J.

Bicycling Hustling.—Hustle in your application for agency, and we'll hustle you our terms. They will compel you to hustle an order to us, and we'll hustle to you the finest wheels you ever saw. You can quickly hustle them out on the street, thereby hustling some easily earned money in your pocket. Hustlers wanted by a hustling bicycle concern. Send two cent stamp for catalogue.
KNIGHT CYCLE CO., 311 N. 14th St., St. Louis, Mo.

What do you Feed the Baby?—Nothing is so important as the right food. Carnrick's soluble food, a perfect food for infants, is constructed upon the strictest physiological principles from powdered cow's milk and dextrinized wheat. Thousands of children have been raised on this food when mothers milk, cow's milk and the various other "Infants' Foods" have failed. Being a perfect food in itself, the only preparation needed is the addition of water. Large sample sent physicians on request. REED & CARNRICK, New York City.

To the People of Missouri.—One of the prominent features of the tour of "Missouri on Wheels" will be an effort to put the people in the East in direct communication with representative citizens of all parts of Missouri who can supply specific information that will assist in deciding the matter of location. To make this work effective, it is necessary for the management to have the names and addresses, together with such material as can be furnished, of every one who is willing to correspond direct with those seeking particular information in regard to any subject or locality. With this end in view a special and urgent request is hereby made to all public-spirited citizens of the State to forward at once to H. A. Fisher, General Manager "Missouri on Wheels," 403 Union Trust Building, St. Louis, any data or facts that can be used to advantage in this connection.

Better Results and Less Luggage.— Shrub Oak, N. Y., September 2, 1895.—The Abbott Alkaloidal Co., Station X, Chicago. Dear Dr. Abbott:—When I look back upon more than forty years of practice in the old rut, and think of the useless luggage I have borne about a rough country and dispensed to a suffering clientage, and now find unspeakably better results from the exhibition of your never disappointing alkaloidal preparations, I can hardly realize the delights of the new era. I am not only determined but thankful to change the old for the new, and continue with delight the practice of medicine which I was about giving up. I want the *Clinic* and all the rest of the alkaloidal literature. It makes me a boy again. I am, very truly yours, JAMES HART CURRY, M. D.
Send for price list, literature and free sample copy of the *Alkaloidal Clinic.*

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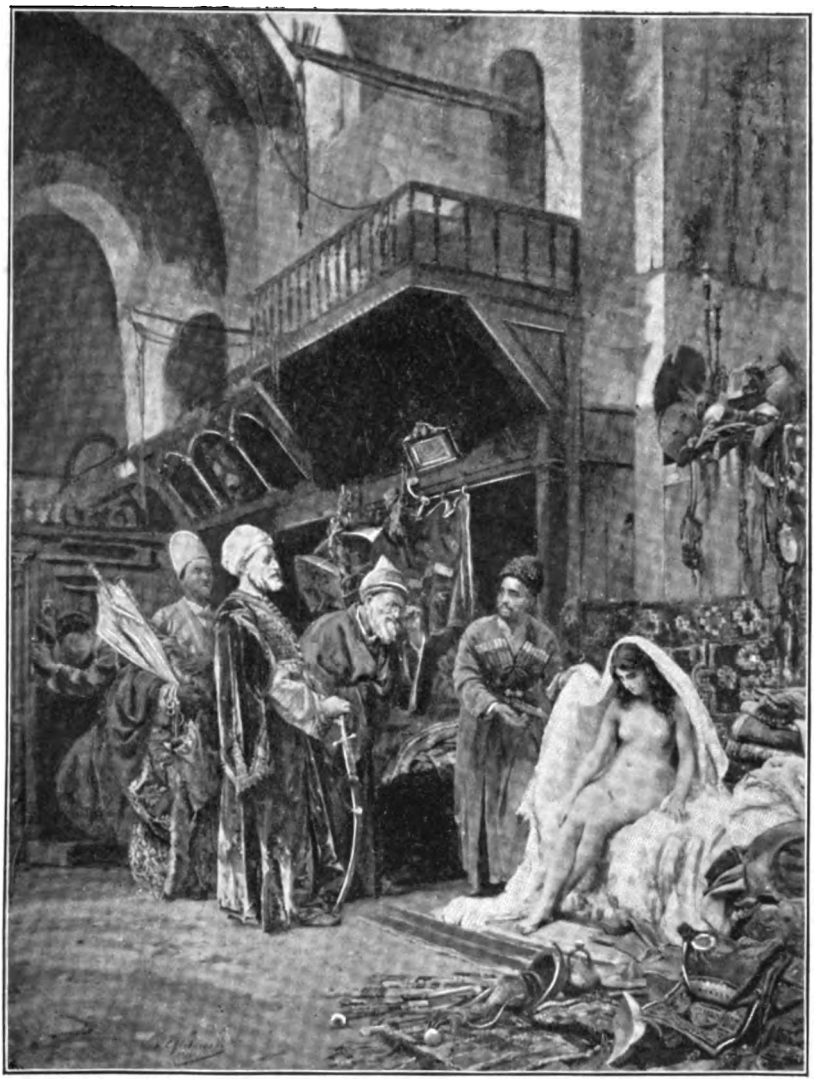

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A PRACTICAL MONTHLY JOURNAL OF THE MEDICAL SCIENCES.

HIRAM CHRISTOPHER, M. D., Editor.

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Contributed Articles

[EXCLUSIVELY FOR THE MEDICAL HERALD.]

Sleep.

BY W. J. BELL, A. M., M. D., ST. JOSEPH, MO,

Professor of Pathology and Adjunct to Chair of Surgery, Ensworth Medical College, St, Joseph, Mo.

IF ANY class of men more than another should appreciate the benefits of sleep, it is surely medical men. With not an hour in the twenty-four to call their own, while on duty, they are brought to realize in part, at least, the value of "nature's sweet restorer." Poets have sung and philosophers have dreamed about sleep, yet withal, it has received but a small part of the praise and attention it deserves. The physician and surgeon realizing what a benefit sleep has been to him, when he could get it, has too often failed to understand its value in the treatment of his patients, both medical and surgical.

The most valuable of our therapeutic agents may readily be placed in three classes, their relative worth being in the order named, viz: Food medicines, hypnotics and anodynes. At times each class takes prominence according to the demands of the case in hand. Prominence will here be given to the remedies which produce sleep.

It has been the painful duty of almost every physician to write out articles of committment for the insane. How seldom are we called upon to perform this action where we do not find a history of sleeplessness! Lack of courage on the part of the physician to use the proper drugs, and use them heroically, or failure to understand the dangers involved on the part of his patient has been, perhaps, the chief cause for filling to overflowing our public and private asylums for the insane. No etiological factor is so

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potent as the loss of sleep in dethroning that faculty which, above all others, differentiates man from the brute, reason.

Over-work seldom produces mental incapacity except in so far as it prevents sleep. "Labor," said the late Sir Andrew Clark, "is life. The very life of life to the weak." That man or woman who can sleep the requisite number of hours in every twenty-four needs little of the world's sympathy, it matters not what burdens are to be borne. The millionaire in his luxury is a pauper of the worst kind if his days are given to nervous toil and his nights to sleeplessness. One in the depths of despair has cried out for a dreamless sleep:

"A morrow must come on
When I shall wake to reap
But, oh! for some short hours,
God give me sleep.

' I ask not hope's return,
As I have sown I reap;
Grief must awake with dawn,
But, oh! to sleep.

"No dreams, dear God, no dreams,
But slumber dull and deep,
Such as thou givest brutes,
Oh give me sleep!"

Upon the patient's ability to procure refreshing sleep, more than upon any other factor, depends the prognosis in a given case. It would be well for the gynecologist, the surgeon and the man in general medicine, and better a thousand times for the patient if the value of sleep as a therapeutic agent were more fully considered.

Too often has the surgeon's knife been given the credit for convalescence when ovaries, only partially diseased or not diseased at all, have been removed, or rents in the cervix or perineum too insignificant to mention have been sewed up. Careful weighing of the evidence in such cases will frequently show that rest in bed and regular diet with perfect sleep were the means of granting relief.

The world's cry has ever been for rest and in so far as it gets it just so far will there be health and happiness, other things being equal. With all our new-fangled medicines and surgical procedures, from the administration of anti-kamnia to amputation of the rectum, we have not improved on that therapeutic agent so bountifully granted to our race. The best hypnotic agents have been bountifully distributed in the form of fresh air and sunshine and substantial food. An evening drive or walk in the open air will frequently give a good night's rest where medical remedies fail. A little light food taken by the patient just before retiring will often do away with sleeplessness, especially with those who are of the nervous class. A well ventilated room cannot be over-estimated as a sleep producer. In nervous cases perhaps more than any other class, we may gain most brilliant results by the production of sleep.

It is frequently necessary to employ medicinal remedies in addition to the non-medicinal remedies already mentioned. In such cases it is always wise to combine your hypnotics. The individual who ties himself to any one remedy will find failure greeting him often. Chloral, cannabis indica,

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bromides and morphia will often act charmingly alone and, perhaps, as frequently disappoint. A careful combination will seldom fail to give the desired effect. In using hypnotics one should have the courage of his convictions and secure results as promptly as possible. It is far better to give this class of remedies continuously for a week or ten days and form the sleep habit than to give at intervals of several days, extending over weeks, and thus lay an excellent foundation for a drug habit.

After several operations use hypnotics if necessary, always suiting the drug to the case. A suitable remedy or combination of remedies should be readily found in the long list of sleep-producing remedies, especially those of more recent discovery. It is the very height of folly to allow a patient who has undergone a laparotomy or is suffering from typhoid or other continued fever, to waste his much-needed strength in sleepless nights and long hours of pain when we have at our command the remedies for his relief.

A faithful use of hypnotics will not only lower the death rate in many operations and various forms of disease, but will add incalculaby to the world's comfort. It is a fact not generally appreciated that our American people more than any other nationality, need sleep and are unable, owing to their highly developed nervous systems, to bear prolonged suffering without the benefits of sleep. Bearing this in mind. our mission as physicians and surgeons will be more pleasant and profitable and our reward the greater when our work is done.

"Blest be the man who first invented sleep."

Creosote in Phthisis.—Ingraham (*Medical Age*, 1895) claims that we have in beechwood creosote a remedy productive of much good, and this drug, properly and systematically administered, is, without doubt, one of the most reliable and standard remedies in the entire pharmacopeia. Failure in its use is due to non-employment of a reliable product, or neglect to prescribe a proper method of administration. A pure beechwood creosote, administered in a proper way, generally gives most successful results.

Insane.—Dr. Forbes Winslow, of London, read a paper on the subject, "Legal Responsibility of the Insane," before the Medico-Legal Society of New York, October 9th. Many prominent jurists and superintendents of insane hospitals took part in the discussion. The New York Society is active and full of determination to bring about an understanding between the jurist and the physician, so that this vexed question of expert testimony may have a basis worthy of its object.—*Medical Fortnightly.*

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Rheumatism; Its Pathology and Modern Treatment.

By E. S. PETTYJOHN, M. D., Alma, Mich.

READ BEFORE THE MICHIGAN STATE MEDICAL SOCIETY, BAY CITY, 1895.

OWING to the lack of definite etiological and anatomical basis for the classification of rheumatism as a disease, its study, as yet, is one largely of symptomatology.

Scudamore holds that rheumatism is a disease external to the system which itself becomes affected in a secondary manner by sympathy, but in turn reflects back its influence upon the external parts. He says we may view the effect in the light of a common inflammation modified by the exciting cause (cold) and by the influence of the particular textures affected.

Another theory is that the symptoms of rheumatism are set in motion by the abstraction of heat, which produces contraction of the superficial vessels succeeded by dilatation and afflux of blood of the parts, dilation being maintained long enough to result in inflammation. But the capillaries are non-muscular and the regulation of their blood supply is by nerve action.

Dr. J. K. Mitchell believes that rheumatism has its origin in the medullas pinalis and depends upon irritation of the organ.

Prout first suggested that the absorption of lactic acid was the cause of derangement of the secondary assimilating powers and produce rheumatism, catarrh and ague, according to exposure to various influences combined with diatheses. This is also supported by Richardson, Todd and Haig. A later view of the same theory promulgated by Senator is that the acid is developed in the muscles of activity, and that a chill causes a retention of this acid with other effects material, the which produces rheumatism. While lactic acid is found in excess in the blood in this disease, Dr. MacLangan holds that this excess is the result of increased metamorphosis of glucose (the non-nitrogenous tissue element of the motor apparatus) as a product of the effect of rheumatic poison on the fibrous textures of the joints. He holds the miasmatic theory of rheumatism and believes the disease to be almost analagous to malaria. He charges the bacillus malaria with the crime of generating both ague and rheumatism. Bertolon and Pell regard a distinct connection between rheumatism and malaria, the latter stating that in Amsterdam in the years when malaria is prevalent there is little rheumatism and vice versa.

Still another view is that rheumatism arises from a profound disturbance of the heat-regulating apparatus which especially effects the muscular system, causing the heat to be generated without work; one of the consequences being that impressions of pain are conveyed to the brain by the articular nerves instead of by work performed. There must be retention of heat to account for rise of temperature, but it is not the heat of work done.

A careful study of the theories just mentioned as to the cause of the group of phenomena called rheumatism will determine that each has some element of truth, supported by experimentation and clinical observation.

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The belief that rheumatism is an infectious disease produced by bacterial is the true one, and is rapidly gaining credence. Rheumatism is intimately related to other infectious diseases, especially malaria, endocarditis, meningitis and chorea, and often eventuates in neuroses. It frequently occurs in epidemics, as reported by Eichorst from the Hospital at Zurich, and by Pell of Amsterdam, who cites a case of a patient that was removed to a bed between two others suffering from rheumatic fever. She never having had rheumatism, was attacked with it, coincidently with a relapse of this disease in five other patients.

Similar cases are mentioned by Schafer, Salisbury and Thorensen, the latter having observed the spread of the disease by personal contact as Sawyer observed malaria.

Edelfen states that in Kiel it is a house disease like fibronous pneumonia and typhoid fever. He reports 728 cases occurring in 492 houses. Muller has shown that the disease does not occur within a few hours after exposure, but that it has a *prodromal* period, as in other infectious diseases, and that often the fever precedes by days, the articular and other symptoms.

The schizomycete or bacterium which produces rheumatism is taken into the blood where its action or presence is responsible for the rapid diminution of the red corpuscles by robbing them of their oxygen and the greater increase of the white blood corpuscles, also for the increase of the fibrin from three to seven or eight parts to 1,000. The infectious organism seeks the white fibrinous tissue, and the serous tissue of the motor apparatus, because here it finds the best medium for growth and development. The schizomycete acts as a local irritant wherever it lodges. It alters the constituents of the blood stream, which it fills with more of its kind. The parts inflamed form favorable media for the rapid multiplication of the schizomycete, and the contaminated blood carries them along to produce results elsewhere. I believe all the phenomena of this disease and its sequelæ are the result of the morbid state of the blood, produced by the presence of the offending schizomycete and its products. I am persuaded that two or more deleterious schizomycete may exist at the same time in the system as in cases of phthisis where intercurrent attacks of rheumatism occur, or where we have pneumonia in a patient with anthrax. While there are millions of microbes in food, the water and air, and in the blood, and while the blood itself has power to diminish or even destroy, by the million, various bacilli in a few hours, even the typhoid bacillus as shown by Fedor; while the streptococcus pyogenes of Rosenbach is harmless in healthy saliva so long as the epithelium is intact, *each of these same bacteria may produce death.*

Careful post-mortem examinations have failed to find altogether adequate lesions explaining the morbid symptoms of rheumatism. Hemorrhages have been found in the mediastinum, endocardium, pericardium spleen, pleura, in the meninges and peritoneum. Also cloudy swelling of the kidneys, liver and heart with injection of synovial membranes and erosion of cartilages with many morbid states, positive proof of an infectious process.

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The exact schizomycete of rheumatism has not yet been found, but proofs are sufficient to warrant thorough experimental research, to isolate, to cultivate, inoculate and demonstrate the constant presence and the positive identity of the micro-organism of rheumatism.

However much we disagree in theory, we may all agree as to the clinical history of rheumatism, viz., that it is a disease of youth, especially between the ages of 15 and 30 years; that those exposed to the weather and bad air, and who are poorly nourished are especially liable to suffer from this disease; that it is prevalent in warm and temperate climates, and near the sea coast; that there is greater liability, other things being equal, of its recurrence in those who have once been afflicted.

An attack is usually ushered in by a chill or rigor, followed by feverishness, stiffness or pain (which soon becomes intense) in one or more red, swollen, tender joints. This is accompanied by perspiration and prostration. The patient is helpless and restless. The face is flushed, the pupils dilated; the whole body is hot and bathed in sour-smelling perspiration. The temperature is 100 degrees to 105 degrees F., the pulse rapid, full and soft. The tongue is covered with yellow fur; there is thirst, anorexia and constipation. The urine is diminished, dark red, and of high specific gravity, highly acid and often contains albumen. The inflammation, with all its accompaniments, migrates from joint to joint, from sheath to tendon, synovial membrane to periosteum, from endocardium to neurilemma, always announcing its arrival by some or all the phenomena known of that condition. The duration is from a few days to weeks or years. The results are: Joints stiff or anchylosed, or nodulated changes in sheath, tendons, ligaments, periosteum, endocardium, pericardium, valves and heart-muscles, synovial membrane and neurilemma, with a medley of morbid conditions, such as hematuria, paraplegia, paralysis of the bladder (from implication of the spinal cord), hemiplegia, monoplegia from cerebral diseases, chorea, melancholia, insanity and imbecility.

Few diseases have had so many recommended remedies and vaunted specifics for their alleviation as rheumatism. Nevertheless, there are certain well-recognized principles of treatment directly applicable in this disease. The treatment differs in the acute and chronic forms of the disease only in degree, duration and detail.

We must alleviate pain, reduce temperature, open the emunctories of the system, rid it of the *materies morbi* that it contains as partly the cause, partly the result of the systemic disturbance. The patient's room should be large, well aired, and one where the sunshine is a daily visitor. The air should be at an even temperature of 75 degrees F. Two beds should be used, one during the day and the other during the night. No linen should touch the skin, and the patient should wear woolen under-garments, night and day, during and always subsequent to an attack—a light-weight for summer, and medium for winter. I am certain that people wear too heavy undergarments in winter and too thin in summer. Absolute rest of mind, body and eyes should be enjoined.

Affected joints should be enveloped in wool kept in position by a light bandage. If not greatly swollen a plaster-of-Paris bandage should be

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applied, the limb elevated and the joint immobilized. Opiate lotions, evaporation being prevented by oil-skin, are to be used when the capsular ligament of the joint resists expansion and the plaster bandage is not used. Blistering, bleeding, leeching and cupping, as practiced by Sydenham, are replaced by general remedies indicated, combined with antiseptics, alterative, laxatives, diuretics and tonics. The diet should consist of liquid food, custards, lemonade, citrate of potassium in solution, and other acids and cooling drinks, along with an abundance of water, effervescing waters, koumyss, matzoon and milk. In extreme hyperpyrexia, uncontrolled by moderate doses of drugs, the cold bath, in which the water is cooled rapidly but gradually down from 94 degrees F. to 68 degrees F. should be used, its effects being watched carefully. The warm bath should be used daily for 20 minutes with massage while in the water. Alma-Bromo Water has been most effective in my hands for the past two years. Turkish, hot air, vapor and Russian baths with manipulation, aid greatly in elimination. Galvanism and Faradism, in the hands of those who understand their use, relieve pain and help to prevent muscular weakness, atrophy and deformity.

Without discussing the chemical reaction and the therapeutic rationale of modern remedies used, we desire to note the clinical results, so near as ascertainable, of a few of the more valuable drugs used in the treatment of this disease.

Antipyrin, according to See, Guttman, and Stezeninski, in doses of from four to six grains per day, and continued for a week or ten days, produces beneficial and satisfactory results. This I would not dare to use where there is heart weakness or valvular lesion. They hold that it is found efficacious where antifebrin and the compounds of salicylic acid have apparently failed. Its uses, they say, reduces temperature, alleviates pain, and prevents implication of the cardiac membranes, without producing any of the unpleasant effects caused by salicylates.

The beneficial results obtained by the drugs in these cases are stated to be 41.8 per cent. Fowler's solution in 5 drop doses, gradually increased, according to tolerance, and then reduced to one-half of the last dose given, and continued for several weeks or months, as in chorea, seems to have produced excellent results in mild non-febrile cases. Cascara sagrada has been extolled by Dr. Goodwin and others, giving in 15 to 20 minim doses every four hours. No attempt has been successful in explaining its action, but the results are probably due to the laxative effects helping elimination, Salicin and the salicylate compound being among the most powerful antiseptics known, I believe, on this account, to be the sovereign remedies in the treatment of rheumatism. These should be used alone with laxatives, alteratives, eliminants, stomachics, tonics and proper attention to the general rational indications. To Maclagan, Stricker and Riess we owe credit for bringing this remedy to the notice of the profession. Salicin produces many similar effects to those of quinia.

In an acute case the treatment with salicylic acid or salicin should be commenced by giving 20 grains of the drug in elixir or lemonade every two hours for the first 12 hours, or until tinnitus aurium is produced. The same dose is to be continued every three hours for the next 12 hours, and thereafter for

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four or five days the same amount is to be given every four hours. The regulation of the amount given is to be determined by the physiological effect and abatement of the symptoms, i. e., the reduction of the temperature, the relief of pain, and the depression of the heart's action. The most frequent cause of failure in the use of this remedy is in not giving a sufficient quantity at each dose, or not repeating the amount frequently enough. Whenever the symptoms begin to subside the amount of frequency, or both, should be diminished to the point of saturation, but the remedy should be administered for at least six weeks in every case, aided by constant elimination and repair. I have found good results within the first 48 hours, and the more acute the case the more effective the results of the remedy. In treating over 200 cases I have not found any who have not obtained benefit, and 60 per cent of the primary acute cases have been entirely relieved. The more chronic the case the longer treatment should continue.

I believe the heart and brain complications sustain the same relation to the schizomycete, or the blood changes produced by its presence, along with a local inflammation, as does the joint affection. I have not often noted heart or brain mischief where the salicyl treatment has been used from the beginning and there was no previous heart lesion; usually later on, in cases where the salicin has not been used until inflammation has already occurred in the cardiac membranes upon which the salicin preparations have no direct effect.

To cure the rheumatism is not to cure the heart lesion, for the effect may remain after the cause is removed. The appropriate treatment of the rheumatism at its inception ought to prevent the heart from becoming affected. After it is once affected, however, relief is obtained only in the same way as if the inflammation had arisen from other causes. The same is true of inflammation of the dura mater. I speak of these because I believe the only immediate or remote danger to life in cases of rheumatism to be in the implication of these organs.

After the more acute symptoms have subsided, quinia, cod-liver oil, iron, Fowler's solution, and the iodides in small doses should be administered for weeks, and even months, as the inflamed textures do not recover their tonicity so soon as the inflammation ceases. The administration of the salicyl compounds arrest the course of the disease chiefly by their antiseptic and antimicrobic action, destroying or rendering inert the schizomycete concerned in its production. They also have a diuretic effect. They reduce the temperature by removing the cause of the inflammation by which the temperature is produced, and thus relieve tension and pain simultaneously. They thus arrest and shorten the course of the disease by removing its cause.

By the elimination of the *materies morbi* through the emunctories of the body, accomplished by the use of hydro-therapeutics and our ordinary remedies, we have the system again restored to its normal state, save the effect of the attack upon it of the specific schizomycete which has produced the malady, and the possible retention of some of the microbes for future ravages whenever the condition of the system becomes favorable for their multiplication and renewed activity.

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Abortion.

By O. F. SEARL, M. D., Solomon, Kansas.

READ BEFORE THE GOLDEN BELT MEDICAL SOCIETY AT SOLOMON, KANSAS, OCT. 3, 1895.

MUCH has been written and said on this subject, but it is of so frequent occurrence and comes under the care of every physician so often, that it is ever a subject of interest to all. In frequency it seems to be ever on the increase. I believe that a majority of women married for a period of ten to fifteen years have aborted one or more times.

The diagnosis of threatened abortion is not usually difficult to make, although the premonitory symptoms vary greatly in different cases, and no one set of symptoms can be relied upon as infallible. But with careful examination and a full history, an accurate diagnosis can usually be made in a very short time. With early diagnosis many cases of threatened miscarriage can be successfully carried through to full time.

This is true in many cases even when the symptoms are very severe; after quite severe hemorrhage and pain, and when contraction of the uterus has occurred, and even recurred, so that no case should be abandoned until the inevitable comes; as great dilatation of the os, and great pressure of the amnion, or rupture of the membranes occurs.

For the preventive treatment of miscarriage, opium and viburnum are the sheet anchors, and the best form of opiate I believe to be pulvis ipecac comp., in good sized doses, and repeated often enough to keep the patient under its influence; and I have been in the practice of using elixir of black haw compound in addition; and in some cases the latter preparation alone.

Just what the action of the latter drug is I am unable to say, but am confident that good results follow its administration. Perfect rest in bed is an absolute essential, together with moderate evacuation of the bowels. For this purpose I believe nothing is equal to small doses of calomel, three to five grains in six powders, with one grain of sodium bicarbonate to each, and given one every hour. Some cases, notwithstanding this course of treatment, will go on to complete abortion, and especially is this true when the patient is anxious for this result, and I find it to be the case with the majority that have come under my observation. The greatest obstacle to the prevention of miscarriage is the late period at which in most cases we are called. But in every instance the utmost effort should be made for the prevention, and this will oftentimes be successful beyond our expectations.

It remains now to consider the cases which cannot be prevented. The two great sources of danger to the patient are hemorrhage and septicemia. As to hemorrhage the danger is usually in proportion to the advance of the pregnancy, and is very slight from first to third month, and increases greatly after that period. The remedies best adapted to the control of this symptom are rest, the tampon, application of cold, massage, and ergot.

With the proper and timely application of these means, the danger from hemorrhage is very small. The condition of sepsis is the most serious

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trouble and danger to our patient, and this disease should be treated on the line of prevention from the first. Absolute cleanliness and disinfection is all that is necessary in case where the uterus is completely emptied of its contents. The vagina should be thoroughly irrigated with water as hot as can be borne. The external parts washed thoroughly with soap and water and all rinsed with a bichloride of mercury solution. The bed and clothing changed and clean clothes applied, and this changed at frequent intervals.

In a great majority of cases there is not a complete evacuation of the contents of the womb. A portion or all the dicidua membrane or placenta or both are retained, and if not properly managed are the source of grave trouble and may cause the death of the patient or years of suffering. These badly treated or non-treated cases are the foundation of a vast amount of the practice of the gynecologist.

In the management and treatment of these cases there is a wide difference of opinion among authors. Some favor the immediate clearing out of the womb by forcible dilatation of the cervix and thorough curetting of the uterus; others hold that it is better to wait for the natural dilatation of the os and contraction of the womb to clear it of its contents. Let nature take its course unless symptoms of sepsis appear, when all agree that prompt action is necessary. I believe there is a fair conservative course of treatment in these cases which, if followed, will give the best results and the least suffering.

I will cite the following cases: Mrs. A. gave birth to a healthy child in September, 1893, had a natural but slow and tedious labor. She menstruated at the end of a little over one month and regularly thereafter (notwithstanding she nursed her child) up to March, 1894, when she passed over two or three weeks and commenced flowing about the 9th of April. The discharge was quite profuse, with some pain, but she did not go to bed, kept on her feet and did her house-work. From this time she had no further show of menstruation until early in June, following, when she commenced with what she thought a natural menstruation, and it ran on four or five days, the discharge increasing, with passing of clots and some pain. I was called to see her on June 10th, when she had had a slight chill and some fever. On examination I found the uterus enlarged, the os but slightly dilated, not sufficient to pass the finger, with a fragment of placenta in the vagina and some odor, with temperature one degree above normal. Evidently the fetus and part of the placenta had passed and been unobserved, for the patient did not believe herself pregnant. I washed the vagina thoroughly with water and bichlorid solution, introduced the speculum and injected into the womb two to three drams of carbolized olive oil (one dram to the ounce) and then introduced a single cotton tampon with a string attached as long as would pass through the speculum. Gave sul. quinin two and one-half grains with acetanilide two grains every two hours. Removed the tampon at the end of twenty-four hours, found there was very little change except that there was no odor and the congested condition of the cervix was reduced. Repeated the treatment, and at the end of another twenty-four hours found the os considerably dilated and a large detached piece of placenta presenting, about one-third of the whole. This I removed with

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the forceps and washed the womb and again injected the carbolized oil and used another tampon with instruction to remove it in twenty-four to forty-eight hours; and to use free vaginal injection and to repeat the same once or twice a day. The patient made a rapid, uninterrupted recovery.

She became pregnant again early in October following. First of January, 1895, she had some hemorrhage for which I prescribed Elix. Black Haw Co., and rest in bed. At the end of three days it ceased, and about a week later it again recurred more in quantity and with some pain; the same treatment was resorted to and she kept her bed for several days. There was recurrence of all the symptoms on February 11th, the hemorrhage and pain being more severe and some fever. I repeated the prescription of Black Haw with the addition of Dover powder and acetanilide. The discharge continued for four days and so great was the quantity of blood that I made up my mind that prevention of miscarriage was hopeless, nevertheless on the 16th, being the sixth day, the symptoms had much improved and soon ceased. From this she went to full term and was delivered of a large, healthy child, weighing eight lbs., with easy, natural labor.

I would state further that the patient suffered from chronic constipation for which I prescribed Fl. Ext. Cascara, say in one teaspoonful doses every night at bed-time, and that she had taken it continuously for more than a year, but a good part of the time in only one-third to one-half teaspoonful doses.

Case 2. Mrs. B. miscarried at about the third or fourth month of pregnancy, on the 4th of January, 1895. The fetus was born the first day and the after-birth came away three or four days later, but slight periodical hemorrhage continued with some fever up to January 12th, when the flooding was very profuse and I was called. (She had had no attendant up to this time except a woman mid-wife.) Found the loss of blood had been great and she was still flowing; the bed and bedding were saturated. The patient was very pale and weak and pulse feeble, and she was semi-comatose. On examination, found the uterus much subinvoluted, the os painless and cervix enlarged. Prescribed Fl. ext. ergot, and strychnia hypodermatically and thoroughly tamponed the vagina. Cleaned the patient and bed. In the course of two hours was more comfortable, with some contraction of the womb. Next day removed the tampon, washed the vagina and injected carbolized oil into the womb and placed the single cotton tampon. Next day subinvolution much reduced the discharge but slight, fever gone. Prescribed hot vaginal injection, with full milk and raw egg diet and whisky; patient made rapid recovery. She became pregnant again in March following, and aborted in July. About the 10th the fetus was delivered, and the placenta on the 13th. I was called to the case on the 17th. The patient had had a chill, temperature was 103°, pulse 120; her face was sallow and waxy, lips almost colorless and tongue very pale. The womb was subinvoluted and discharging freely a thick purulent matter with offensive odor. After cleansing the parts, used carbolized oil injection and tampon; gave calomel cathartic followed by quinia and acetanilide of each two grains every two hours. After thirty-six hours repeated the local treatment; temperature was then 101°, and on the fourth day the temperature was normal and

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the pulse 90. Prescribed elix. cal. bark iron and strychnia with small doses of sul. mag. sufficient to keep the bowels open, and put her on milk and egg diet. She gained strength slowly but was able to sit up in about two weeks. During convalescence there was considerable œdema of the feet, legs and hands. I have also used this course of treatment in cases of sepsis after parturition at full time, and with very satisfactory results. Also in cases of leucorrhea of the uterus. I believe we should always give our patients the best treatment possible and now the question is, could any better results have been obtained with any other treatment?

I know that good authority would say that in case No. 1 the patient should have been anesthetized, the os forcibly dilated and the uterus curetted. This would have entailed much more suffering to the patient. Outside of the slight danger there may be in the administration of an anesthetic there is considerable suffering on the part of every patient from the thought of taking it, together with the idea of an operation being performed, which is much more than we sometimes think. Besides, to do this operation well and safely an assistant is necessary; this with the necessary preparation always causes suffering and anxiety on the part of patient and friends, and should be avoided unless there is absolute necessity for it.

I have simply given the result of a mild course of treatment in two cases, each with two abortions or threatened abortion, within the period of one year. One, an almost hopeless case prevented, and the others with good and perfect recovery. This treatment is painless and of but little inconvenience to the patient. The effect of the oil injection is always agreeable, and is soon followed by relief of the soreness and pain. In using the injection I pass the tube of the syringe well up into the womb and inject the contents slowly. The part of the fluid that reflows into the speculum is absorbed by the cotton and the tampon make a continuous application of the medicine to the cervix and vagina, and gives support to the enlarged uterus and relieves the tension; similar to the effect of the suspensory bandage applied to the male scrotum. I believe that medicated oil is more effective as an internal application to the uterus than any aqueous solution, and a much stronger solution can be used if necessary. I have never known it to produce irritation in but one case, and that was slight and of short duration.

The Archives of Pediatrics will commence its thirteenth year with the January number, under the business management of E. B. Treat, Publisher, of New York, long identified with medical publishing interests. The "*Archives*" has been for twelve years the only journal in the English language devoted exclusively to "Diseases of Children," and has always maintained a high standard of excellence. The new management propose several important changes in its make-up; increasing the text fifteen per cent and enlarging its scope in every way. This will give room for the fuller contributions and additional collaborators who have been secured for the various departments, all of which give promise of a more successful era than has been known even in the already brilliant career of the journal. The editorial management will be in the hands of Floyd M. Crandall, M. D., Adjunct Professor of Pediatrics, New York Polyclinic, and Chairman of Section on Pediatrics, New York Academy of Medicine.

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Mind.

By FREDERIC S. THOMAS, M. D., Council Bluffs, Ia.

Professor of Mental Diseases.

INTRODUCTORY LECTURE OF THE COURSE ON "DISEASES OF THE MIND," TO THE CLASS OF CREIGHTON MEDICAL COLLEGE, OMAHA, NEBRASKA.

If your professor of surgery should present to you a case of "tubercular necrosis of the acetabulum," and talk learnedly to you about the proper treatment to pursue, you would soon realize the importance of a thorough knowledge of anatomy to properly understand the subject under consideration.

Should the professor of the theory and practice of medicine talk to you about the pathological condition of some organ of the body, you would understand his subject only by having first learned the physiological condition of the same organ.

It seems to me it is but proper, before beginning our lectures upon diseases of the mind, that we should first consider the normal mind.

In your preliminary study you have considered the living organism as a mechanism, accumulating energy and expending it in movement; receiving impressions from the outside world, and responding to them by adapted actions.

You have not yet dealt with the phenomena of mind, nor have you found how mental phenomena are related to the working of this elaborate nervous mechanism.

Let us then for the purpose of study, discard every preconceived notion of what mind is, and begin the study without prejudice.

It is a popular belief with the laity, and even with some writers on psychology, that "mind influences matter."

It is likewise as erroneously believed that "material particles become transformed into a mental phenomenon—into an idea, or a feeling."

One writer speaks of "memories being stored up in the brain cells." Another explains how an ingoing current undergoes a "peculiar metabolic change, becomes animalized, intellectualized, and finally is transformed into an idea;" which is much as if a piece of Limburgher cheese should be run through a coffee mill, where it would undergo a peculiar metabolic change, and emerge as Trilby's rendition of Ben Bolt.

One eminent writer suggests that "the brain contains a substance intermediate between mind and matter, which partakes of the nature of both without being exclusively either." In other words, a thing that is partly a bicycle and partly a smell of sulphuretted hydrogen, being exclusively neither.

One person writing on psychology says: "the brain secretes ideas, as the liver secretes bile."

The commonest, and probably the most prevalent opinion of all is, "that above the material part of the brain, somewhere in the skull cavity,

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there sits a little Ego, playing upon the centres of the brain," as a performer plays upon the strings of a harp, "producing just such combinations and successions of movements as he pleases, untrammeled by natural laws."

Do not gather from what I have just said, that we have no soul. I believe we have, as firmly as I believe in life; yet, it is a question of faith, and cannot be demonstrated by any analysis of the human body.

We are at present dealing with the mind physiologically, and must leave each to entertain such theological views concerning the immortal attributes of the soul, as "seemeth him good."

In your study of the anatomy of the central nervous system, you found that the brain was made up entirely of nerve cells, fibres, and ground substance, with the necessary framework of connective tissue, blood vessels, and so forth.

You found nothing that impressed you very much with the superiority of this structure over other parts of the body. In fact I believe each one of you realized that if this mass of matter were to be completely shut off, so it could receive no impressions from the outside world, it would be of no more use than a lipoma situated upon the back of the neck.

If you will keep in mind the complete mental vacuity of the brain of the infant, you will understand better as we progress, what is meant by, and what results from, *external impressions*.

Among the first impressions the brain of the infant receives are those coming through the medium of sight. When the first ray of light reaches the retina of the new born, it produces a nerve-current running inward from the eye to the brain. The brain previous to this was perfectly oblivious to the outside world.

The manipulations in its first bath starts new impressions through the peripheral nerves. The sounds which reach the brain through the sense of hearing, while undoubtedly not keenly observed by the infant, nevertheless make their impress upon its encephalic mass. The first taste of food that is placed upon its tongue sends its impression to the brain through the nerves connected with the sense of taste. The sense of smell becomes a factor in the process of mind building in the child.

You will observe, if you weigh carefully, that previous to the effects produced by these external impressions, the child was not in possession of any mind. These first impressions are but the beginning of a long series that ultimately will produce a condition which we term mind or the intellectual faculties in man.

Let us start out, then, with this understanding, that while the brain of the infant, when anatomically considered, is ready to take on certain activities, and develop intellectual faculties, it has up to this time possessed nothing we could call a mind.

We must remember that many movements pertaining to the body, such for instance, as those of the heart and other viscera, are void of any mental accompaniment. They have their own fixed and completely organized centres in the brain, which for convenience are termed the lower centres. Above these are the mechanisms for breathing, swallowing, and other reflex actions; and with their activity a faint glimmering of consciousness is occasionally perceptable.

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If we study fetal development we will be led to believe that the impulse which establishes the heart-beat in the partially developed child in utero, is received from the mother. (Inherited motor influences.)

We can more clearly understand how respiration is established in the new-born. Even the laity understand the importance of external impressions in cases that are born asphyxiated.

If you should examine the brain and cord of a child at birth, you would find that the cerebral matter is soft in consistence and uniform in color; not till after the close of the first month does the gray matter make its appearance on the convolutions. The centres in the medulla and spinal cord are in a much more forward state of development than those in the cerebrum, and throughout infancy maintain their functional superiority.

The first movements of the new-born infant must be either purely reflex or due to inherited motor impulses.

Please keep in mind that the development of the child from its earliest vitelline segmentation to its advent into real independent existence, has been the result of a genetic impulse given to it at the time of conception. In fact the force has not yet been spent, but continues with its further development.

Histologists tell us "that a normal cell, under a normal stimulus, produces a normal cell; that a normal cell under an abnormal stimulus, produces an abnormal cell; and an abnormal cell, under any stimulus, (either normal or abnormal,) produces an abnormal cell."

If this be true we can readily understand the importance of normal stimulation in the production of brain cells.

In your anatomical study of the adult brain, you found that the larger part of the cortical portion was composed of gray matter. You found that these cells were the essential element of nervous tissue, and that in it go on all the peculiar molecular processes which endow the nervous system with individuality. However much the cells may vary in shape, each sends off from itself two or more elongations, and these elongations become the axis cylinder of a nerve.

It is from your study of histology that you must learn how these cells are produced. That they are produced as a result of certain stimulation to the brain from the external impressions, received through the medium of the senses, is a fact beyond dispute.

If the brain, from any cause, should become unreceptive of impressions, the development of its gray matter would cease. Hence the intellectual faculties must depend upon this increase of gray matter for their complete endowment.

Leaving this part of our subject to the histologist to enlarge upon, let us see what is the true connection between nervous and mental phenomena. It is believed to be this: that when, in the course of its circuit, which you have so often traced from the organs of sense to the muscles, etc., a nerve current reaches the highest centres, and sets them in action, then this activity of the highest nervous centres is attended, we cannot say why or how, by a mental state. Every alteration of nervous tension in these upper centres is attended by a variation in the mental process. Every

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fluctuation of nerve currents in this way and in that, has an accompaniment in a variation of mental states strictly in accordance with it.

The one set of changes takes place in the nervous system, and is an affair of molecules and discharges and nerve currents. The other set of changes takes place in the mind, and is an affair of ideas and feelings and volitions. The one set of changes accompanies the other set of changes invariably and instantly, just as the movement of the shadow accompanies the movements of the man.

I see a glass of water upon a table. I am thirsty. I reach out my hand, take up the glass and drink its contents. We know the movement of the arm was actuated by the discharge of a nerve centre, under the guidance of an impression arising from without.

In other words, upon seeing the glass of water, a nerve current was started running from the eye to the brain; and upon the initiation of a discharge descending from the higher centres in the motor area of the brain, the muscles of the arm carried the glass to my lips. The impression came from without and ascended on the sensory or ingoing side; the movement was from the motor or outgoing side. Simultaneously with this discharge of the nerve centre, and with the movement of the arm, an idea of moving the arm arose in the mind.

None of this series of events, not even the idea of moving the arm, would have been possible, had I not seen the glass of water before me.

You strike your neighbor a violent blow upon the body with your cane. A current of great intensity rushes to the highest nervous centres, and produces in them a violent commotion. This violent molecular commotion has its mental counterpart in the mind, which we term pain. If your neighbor is not restrained by his reason, and does not control himself, but acts in a natural way, there will be sent a current along over the motor nerves to the muscles of the arm; and you would receive a blow in return. If his former experiences had taught him the danger of returning the blow, then the impulse might go to the muscles of his legs, and instead of striking back with his arm, his legs might carry him away from the attack.

Suppose, prior to your attack upon him, you had given him sufficient brandy or opium to poison and benumb the highest nerve centres, and still the vibration of the molecules, so they would gather in inert clusters and subside into stillness; you could have pounded him indiscriminately, and there would have been no discharge from the higher centres, no pain, no consciousness of your attack, and no resentment.

If the mind was not made up of a *conscious molecular activity*, but was a conscious "Ego," an "immaterial something," presiding over the brain, you could not paralyze it by the use of the narcotics.

The high pressure and constant, widespread activity of our highest centres, during our waking hours, have for their mental image a complex state of consciousness, which is, for the time being, our conscious or mental self.

So long as this activity is equally and widely diffused, and is everywhere of moderate intensity, so long we are wakeful, but bodily inactive. Let, however, a concentration of energy take place in any particular region,

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so that this region is aroused into preponderant activity, and immediately the bodily movements actuated by that region begin.

Now, since every molecular change in these superior nervous regions has its own special and characteristic mental shadow, it will easily be imagined that so marked and conspicuous and important a process as the concentration of energy in a limited area, will have a similarly marked and conspicuous and important mental accompaniment.

The particular condition of mind that accompanies this process is termed *willing;* and the exercise of will, which appears to be the cause of bodily movements, is in reality the mental shadow of the particular nervous process which really is the cause.

To illustrate the question of mind building, let us compare the brains of two individuals. The one is that of an imbecile, the other that of a man of superior mental attainments.

If you examine the first brain carefully, you will find it smaller and less convoluted. There is but a very limited amount of gray matter appearing on the convolutions.

The other brain is extensively convoluted, with a large amount of gray matter, covering the cortical portion, and dipping into the various fissures and sulci.

You would naturally ask why are these two men, each said to have been the handiwork of God, possessed of such dissimilar brains. At birth these two brains may have been equal in size. Something must have transpired to make them so different now.

Some acute affection may have been a factor in making the brain of the imbecile unreceptive to impressions; no normal stimulus was afforded to produce normal gray matter cells. While in the case of the other, nothing prevented his brain from receiving a normal stimulus, and producing a large amount of gray matter cells; hence a brain that was capable during life of electrifying a world by its power.

If you should present to a very young child a proposition in Euclid that required a solution, it would fail because of a want of capacity to make the analysis.

The brain has not yet reached such a development as to make such a demonstration possible. When, however, this same brain has accumulated more gray matter cells, and when more nerve centres have been established, and when, step by step it has learned to comprehend more complex subjects, then such a demonstration would be possible.

In the formation of gray matter in the brain each new mode of action means the establishment of a new centre, and the newest centres are always added on the surface, while the oldest are the lowest.

When a new mode of action is initiated, when a thing is done for the first time, when we first begin to learn a new accomplishment, a new poem, a new handicraft, the process is not only slower and more difficult than on subsequent repetitions, but it is also attended by a more vivid consciousness. It requires, as we say, a greater mental effort. It has a much more conspicuous mental accompaniment. With each repetition the action not only becomes easier and more rapid, but it is attended with less mental effort.

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When we first attempt to commit a passage to memory the words need repetition, and we are conscious of a certain effort. But each effort at memorizing becomes easier and the whole mental accompaniment is reduced.

A child learning to read, or a novice learning a musical instrument, finds at first that the correct articulation of each word, and the correct sounding of each note, requires his whole attention, and is attended by a separate and definite mental effort.

How different and how unconscious is the effort, when you have mastered your subject.

Think you for one moment, that if mind was an "immaterial Ego," using the brain only to do its bidding, it could be unconscious of its own desires!

It must be that a new process of thought is carried on through new channels, and requires a repetition to become fixed; while an old process is carried on through well-worn channels, and is thoroughly organized and fixed in calibre. The one a feeble, the other a vigorous process. The former having as an accompaniment the most complete consciousness, while the latter requires almost none.

Such being the condition upon which consciousness in general depends, it remains to show what are the variations, or special modes, or characters in nervous process, upon which depends the various manifestations of consciousness, which we know by the names of memory, thought, reason, will, imagination, emotion, etc.

Throughout the whole of conscious life we know of but two factors, states of mind, and changes from one state to another.

You look out of your window; you see the green grass upon the lawn; you are conscious of a feeling of green. You turn your eyes upward, you see the blue sky above, and have a feeling of blue. You also have a feeling of change from green to blue.

These two conditions, therefore,—states of mind, and changes of mind state,—compose the entire content of consciousness, and each of them is indispensable to consciousness; without either of them consciousness could not exist. Feeling accompany discharges of gray matter. Thoughts accompany the passage of discharges from centre to centre.

When thought is complex and novel, it is termed imagination; memory is the recurrence of a mental state that has occurred before. It is a reawakening of a nervous process that has previously been active. We said a few moments ago that the more often a nervous process is repeated the less consciousness is present. We are also aware that the more often a thing is repeated, the *better* we remember it, and the more *perfectly* we remember it, and the less conscious effort we have of its remembrance. When memory becomes perfect it ceases to become conscious, and we cease to consider it memory.

Let us make this plainer. When a child, you followed your fingers carefully with your eyes, as you penned your first copy. As time passed you thoroughly committed to memory the forms of letters and the movements of your hand until your memory became perfect, and therefore, unconscious.

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When you first began to talk you were thoroughly conscious of every movement of your lips and tongue. Now you perform this act automatically.

It is believed that the first acts of animals are undoubtedly inherited memories.

Take, for instance, the little chick, a few hours after leaving the shell. You see it pecking at the particles of meal on the floor of its coop. You ask, who taught the little thing this important act? The chick comes into the world with a fully formed nervous structure, which, when set in action, produces the movement of pecking. This is termed by some, *instinct*. You notice how the little chick hesitates before pecking a crumb. It must wait until the sight of food stimulates the nerve centres to activity.

If the nerve centres in the child were so early developed as in the little chick, it would likewise start out in search of food at a very early period of its existence.

If the speech centres in the child were developed before birth it would, like some other animals, use its vocal organs automatically, as a result of inherited memories.

Let us go back again to memory, and discuss it more fully. We see from every point of view, the importance of memory. When a newly formed nervous process is repeated, we have a conscious memory which is vivid. After very many repetitions, and when the nervous process is well organized, then our consciousness is termed a sub-conscious memory. When, however, after repetitions innumerable, the nervous process is completely organized, then we have memory, unaccompanied by *any* consciousness.

Memory is, therefore, a very important factor in the process of reasoning, or in the formation of a judgment.

You place upon the black-board in a column the figure four, three times; you add them up and you find you have twelve as your result.

I place the figure three in a column of four, and ask you to name the answer. Your memory tells you that four times three is the same as three times four. This process of reasoning makes it easy for you to say what the answer is very quickly. Suppose, however, I ask you to make a column of figures out of the figure four, so there would be three of them from left to right, I would also make another sum in addition out of the threes, so there would be four of them up and down, and four from left to right.

Now you would know that a sum that occupies four figures from left to right, viz: units, tens, hundreds and thousands, would be greater than one composed only of three, or units, tens and hundreds. In other words, your memory of notation would help you in the formulation of your judgment.

You recognize the difference between a sick person and a well person, from your memery of how each appears.

If I should ask you what was the nature of the ailment of the person sick, you would then have to do something more than merely look at the patient. You would call to mind from your past observations, the importance of each symptom, and differentiate by a process of reasoning, and

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form your judgment from the conclusions drawn. In other words, reasoning is the act of comparing memories; judgment is the result of a selection made, or a conclusion reached, from reasoning.

The whole process of thought is a rhythm between two altitudes, viz., the discerning of likeness, and the discriminating of difference. Each is complementary of the other. In each, the reasoning becomes more refined the more complex the aggregate of things between which the relation of likeness or unlikeness is traced.

If we were to study the mental peculiarities of each member of this class, we would undoubtedly find a marked difference. Some would possess the faculty of discerning likenesses; others would more keenly discriminate differences. The former would make the better poets, the latter the better scientists.

The leading feature in the poetic mind is not its intellectual power, but the volume, the profundity, the vastness of the feelings by which it is agitated. The leading feature in the scientific mind is its intellectual keenness, shown by the ability to discriminate differences.

You must have become convinced, by this time, that the subject under discussion today, is too great to be considered in the time allotted to a single lecture.

We have but briefly called to mind a few points, a mere outline as it were, thinking thereby to establish a few fundamental truths.

I would have you continually bear in mind that while our environment from the time of our birth to the close of life, has been a cogent factor in the formation of our mental faculties, yet we have, during all this time, been receiving waves of energy from our bodies within.

Since the currents arriving from the interior of the body are the same, and continuous, they tend to modify the other currents arriving from without. Hence on them depend what we term the "disposition" of the individual.

If you study mind from a physical standpoint, you will be better prepared to recognize ailments of the body, from its manifestations.

You will understand the difference between the restless, boisterous activity of youth, and the exhaustion and phlegmatic repose of old age. The one looking forward to a roseate world, the other looking backward upon a world dyed with the grey tint of experience. Each owing its receptive qualities, both bodily and mental, to the condition of the various tensions, high in the one, and low in the other.

NOTE.—The author desires to thank Charles Mercier, M. B., for valuable information in the preparation of this lecture.

At a recent sale of a druggist's stock in New York, one hundred and fifteen thousand prescriptions, which he had accumulated, were sold for $2,300. Evidently old prescriptions are valuable.

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An Interesting Condition of the Fallopian Tubes Revealed During Operation for Pyo-Salpinx.

By VAN BUREN KNOTT, M. D., Sioux City, Ia.

READ BEFORE THE MEETING OF THE MISSOURI VALLEY MEDICAL SOCIETY, COUNCIL BLUFFS, IA., SEPT. 19, 1895.

I WISH to describe as briefly as possible, a rather unusual pathological relation existing between the tubes in a case of double pyo-salpinx recently operated upon by me: Mrs. S., age 34, was referred to me by her attending physician, for operation. She gave a history of pelvic inflammation, extending over a period of about eleven months; was greatly emaciated and had not left her bed for weeks owing to her enfeebled condition and the severe pain attending motion. Examination revealed a dense pelvic exudate, and an indistinct sense of fluctuation. Fistulous communication with the bladder and bowel had been established for some time, and pus was now discharging through the rectum and urethra. Pus was also discharging through a fistula upon the left side about one inch above the center of Poupart's ligament. At the operation it was discovered that the tubes being enormously distended with pus had become adherent at their point of greatest dilation over the anterior surface of the uterine fundus. The wall between the tubes at the saccular portion, had then broken down and disappeared to the extreme limits of their union, thus allowing the two spaces to communicate, and establishing a common cavity about the size of a fetal head, which was filled with very offensive pus. The line of union of the tubes could scarcely be detected, and the mass resembled a large sac with two small outlets formed by the remaining portion of the tubes. The adhesions in this case were the most dense and extensive I have ever seen, and were separated only with the greatest difficulty, in many places between ligatures. It was impossible to remove this sac in its entirety, as small portions of its wall had to be left to avoid laceration of the bladder and intestine. Upon the right side, and firmly adherent to the lower portion of the sac, was a large cyst of the broad ligament, the contents of which were not purulent. This was also bound down with extensive adhesions. The adhesions being separated, the ovaries, tubes, pus sac and cyst wall were removed en masse and the fistula closed. The patient developed a fecal fistula which somewhat protracted convalescence; but which closed without operative interference, in about two weeks, and she finally made a complete recovery.

The Jubilee Number of the *Buffalo Medical Journal* is a great credit to editor and publisher. There is hardly a page without an illustration, and the number abounds with splendid original articles.

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The Modern Treatment of Pulmonary Tuberculosis.—Carl Von Ruck (*N. Y. Med. Record*, April 6, 1895) emphasized, in a paper read before the County Medical Association of New York, the importance of the general management of the patient, so as to secure and maintain the highest possible degree of general and local nutrition. Careful attention must also be given at all times to the organs of circulation, digestion, assimilation, and secretion. Exercise, amusements or light occupations, reading, mental states, clothing, position in sitting or reclining, exposure to variations of temperature, are all matters for watchfulness and advice. The employment of climate treatment, one of the most important for the arrest of the disease, means that we seek pure air, as free as may be from micro-organisms, sufficiently dry, so that the functions of the skin are under the most favorable conditions; in a locality which, by its elevation, improves the circulation, and with the conditions of temperature which favor an out-door life and an increased solar exposure. In reference to specific treatment, he is very certain that an important step forward has been taken by Professor Klebs in the separation from tuberculin of the germicidal principle, a substance resembling in its chemical reaction a deuterpepton, leaving behind toxic substances which apparently exert no curative influence, and to which the disturbing effects of the tuberculin are due. It would appear that this new substance, to which the name of antiphthisin is given, represents the curative properties of the tuberculin. It is non-poisonous in doses much larger than are required of tuberculin to cause the death of an animal in twenty-four hours, and under its use guinea-pigs show involution of the tubercular tissue, increase in weight, and recover entirely, when treatment is sufficiently active and prolonged. The author is at present repeating these experiments of Professor Klebs, and, so far as he has gone with them, finds them confirmed with his own results. He recognizes the difference, however, between tuberculosis as met with in our patients and in experimental conditions in animals. Even if antiphthisin prove a true specific germicide, we can only expect to reach the bacillus in living tissue, and its effect under the same dose must be in proportion to the vascularity of the part. The remedy should give the best results in recent tubercular disease in the lung. Cheesy masses or fibroid nodules would remain uninfluenced. Fibroid changes and formed cavities cannot be made to disappear by the use of a germicidal remedy. The destruction of the bacillus upon the surface of cavities and localities where necrosis has already occurred, is more difficult, owing to their only slightly vascular base. After a year of clinical experience at Asheville, during which he has treated nearly a hundred patients with antiphthisin, he reports that his conviction of its clinical value has steadily grown stronger. He has had very encouraging results in acute cases, and in the early stage of the chronic form, and recommends its trial by the profession, especially as he has not seen the slightest indication of any harmful incidental effect.

The Illinois State Board of Health requires matriculates to be examined by the Faculty of the State University before entering upon the study of medicine. Would that Missouri would do the same.

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Errors of Refraction, Asthenopia and Headache.

By SILAS E. McCLELLAND, M. D., Decatur, Ill.

READ BEFORE THE CAPITAL DISTRICT MEDICAL SOCIETY AT DECATUR, ILL., SEPT. 5TH, 1895.

IN presenting a necessarily brief and incomplete paper on the subject of errors of refraction, asthenopia and headache, it may not seem necessary to urge the importance of a thorough examination of the eye of every patient that complains of impaired or painful vision. But when we see the results of ill-fitting glasses, that were adjusted by itinerant quacks, who too often, indeed, place a minus glass on a hyperopic patient, or a plus cylinder on a case requiring a minus, or a different axis cylinder, and a variety of other errors, improperly corrected, it makes many members of the profession disgusted, to know that one of the most useful and scientific branches of medicine should be looked upon with so little interest.

One person can sell a bottle of patent medicine, ordinarily, as well as another; the druggists can sell arsenic, corrosive sublimate, or any other drug, but they dare not prescribe them; they are suppo.ed to know the derivation, officinal preparations, chemical formula, dose, and the art of compounding drugs and medicines, but no physician concedes to them the right, and the law *does not permit them to prescribe them.* So it should be in the science of ophthalmology. An optician can grind a lense and adjust a frame, but no one should adjust a lense to an eye but a graduate in medicine. This belongs to the graduate in medicine, for one must understand the anatomical structure of the eye, its physiology, its local symptoms when diseased, the pathological changes that take place, and have a good knowledge of, and experience with, the symptoms of constitutional disease, as well as a thorough knowledge of refraction, before he is a competent person to adjust a lens in a scientific manner.

Again, the importance of a thorough examination in every case should not be over-looked, as the eye may be the first organ to give positive evidence of various constitutional diseases. In Bright's disease we find hemorrhages into the retina and the fawn colored spots, which, when found, generally indicate a fatal result.

In diabetes, there is inability to use the eyes during the early, and perhaps during all the stages.

In loco-motor ataxia there is much difficulty in keeping muscular balance, and inability to fix the eyes steadily for an ordinary period of time. In nervous exhaustion asthenopia is very likely to become a prominent symptom.

It is also important to differentiate between pain due to asthenopia and pain caused by organic disease, such as hyperaemia of the optic nerve and retina, choroidal irritation, or other conditions where the external appearance is normal.

It is also necessary that the true cause of impaired vision be discovered, whether or not it is due to an error of refraction, or an organic disease such

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as cataract, detached retina, exudation of retinitis, disseminated choroiditis, embolism of the central artery, optic nerve atrophy, alcoholic or tobacco amblyopia.

As an illustration, I will briefly refer to one case that visited me recently. A man, age 72 years, with $\frac{10}{200}$th vision, had recently been examined by an optician who informed him that he had a cataract in each eye. An ophthalmoscopic examination discovered an atrophy of both optic nerves, while the lens were found to be normal.

As myopia has a tendency to increase and choroiditis forms a complication in a great many cases, it is the oculist and practitioner only that can realize how important it is that the proper lenses are adjusted.

Some writers claim from 50 to 80 per cent of all cases of headache are due to an error of refraction. Dr. Marlow, of the University of Syracuse, N. Y., reports the results of his examinations of two thousand eyes; he said the most common symptom was an inability to use the eyes for an ordinary period of time without pain; this occurred in 810 out of 1000 cases; headache was present in 755 cases, or over 75 per cent. The headache occurred in every degree of intensity, from a slight, dull aching or sense of pressure, to the severest paroxysmal pain.

While in cases of headache, the presence of asthenopic symptoms is the rule, there are many exceptions, thus in 113 cases of the 755, no symptoms of asthenopia were present.

Of the one thousand cases, the location of the headache was as follows: frontal 381; temporal 158; occipital 199; orbital 121; cervical 79; vertical 98; general 17; and unstated 63.

The time of headache was noted in 480 cases; in 216 on waking from sleep; in 29 soon after rising; in 102 during the latter part of the day and in 53 at any time.

We find very few normal eyes. In a series of examinations of over one thousand eyes, reported by Dr. Valk, there were 683 cases of hypermetropia; 108 cases of myopia; 95 cases of hyperopia with hyperopic astigmatism; 60 cases of simple hyperopic astigmatism; 41 cases of compound myopic astigmatism; 31 cases of mixed astigmatism; 28 cases of simple myopic astigmatism.

Roosa reports the results of his examinations of one hundred persons, who were entirely free from any symptoms of asthenopia, (they were well selected cases composed of physicians, clergymen, students, clerks, music teachers, and book-keepers) only two were found to be emmetropic; only nine were free from hypermetropia and eighty-two had astigmatism.

These reports demonstrate that, although vision may be normal, yet an error of refraction exists in such a large per cent of cases, that when a patient complains of a persistent or periodical headache, that is not clearly associated with a constitutional disease, the eyes should receive a careful examination and error corrected.

Asthenopia may be divided into three forms, viz: "True or Local," "False or Symptomatic" and "Muscular."

By true asthenopia is meant that which depends on a refractive anomaly; by false, that which depends on some error of nutrition, neurotic constitution or nervous exhaustion.

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The latters occurs more frequently in women who are nervous; some are hysterical, others have poor digestion and deficient circulation; they are usually persons who are very bright intellectually; the asthenopia is only one of the many nervous symptoms.

These patients very often complain of pain at the back of the eyes; it comes on the same as in true asthenopia, yet we are unable to discover any accommodative or muscular abnormality, and in very many of these patients there is absolutely nothing to be found to account for the persistsistence or the severity of the symptoms. Berry, of Edinburgh, thinks that either the strain on the attention becomes soon too over-powering, or the retina itself is hypersensitive and easily tired. At all events there is some weakness in the tone or capabilities of the nervous mechanism of vision.

Such a condition often arises from over-exertion of the eyes, at a time like after a debilitating illness, when the nervous tone is below par.

The pain thus originating becomes chronic; a sort of neurosis, and may be so distressing as to render reading, sewing or the like impossible for more than a few minutes at a time.

The muscular form of asthenopia is caused by a weakness, or a paresis of one or more of the ocular muscles; it may be found accompanying either of the preceding forms. When it is found associated with the true form, I believe it is the direct result of the existing error of refraction, when accompanying the symptomatic form it is the result of a constitutional or nervous disease.

It is in this class of cases that a great many mistakes are made in adjusting glasses; these patients do not need, and will not accept glasses, yet, I have seen them wearing them, some having had them adjusted while under the effect of a mydriatic.

These patients are often seen wearing prisms, which are absolutely useless. The oculist who believes in performing partial tenotomies for these patients can operate to his heart's content.

So far as my experience enables me to determine, I do not advocate cutting the muscles in these cases, except where they cause deformity or destroy binocular vision.

The tone of these muscles change from day to day, and are seldom found the same at two examinations.

These patients are the most exacting and rebelious the oculist is called upon to treat, yet there is nowhere in medicine where more pleasing results can be obtained and greater benefit given to the patient, than in this important class of cases.

All medical colleges have accepted as established, the fundamental principles of vision and the general methods taught by Donders for correcting its defects, but there are varied opinions among oculists today as to how much of the error should be corrected. Some correct all the latent error; that is to say, all the error that can be discovered under atropine, others correct the manifest error only, that is to say, the error brought out without the aid of a mydriatic, while a great many correct the manifest and a part of the latent error.

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I seldom use atropine in correcting an error of refraction, except in cases of squint, where I wish to give a full correction, and in spasm of accommodation where we are compelled to paralyze the accommodation before the patient will accept the glass.

In examining for an error of refraction I first take the binocular vision at 20 feet; the monocular vision is then taken, next the eyes are examined by a Javal ophthalmometer, which, in my opinion, is a reliable instrument in determining the amount of astigmatism and the axis at which the cylinder should be worn. The test lenses are then used and the examination completed by using the ophthalmoscope and retinoscope.

I will briefly refer to a few cases of asthenopia and headache, relieved by correcting the manifest error of refraction:

Case I. Mr. S. M., age 32, book-keeper. Complained of pain in the eyes, with frontal headache, which was so severe at times that he was compelled to take to his bed.

Vision=$\frac{20}{20}$

R. E. vision=$\frac{20}{20}$ w. + .50⊖+25 cyl. ax 90°=$\frac{20}{20}$.

L. E. vision=$\frac{20}{20}$ w. +1.00=$\frac{20}{20}$.

The patient can now work on his books all day without headache and is relieved of the asthenopia.

Case II. Mrs. S. W., age 26, housewife. Complained of pain in the eyes and temples, when reading, painting and all near work.

Vision=$\frac{20}{20}$.

R. E. vision=$\frac{20}{20}$ w. + .75=$\frac{20}{20}$.

L. E. vision=$\frac{20}{20}$ w. +1.00=$\frac{20}{20}$.

One month later the patient could use the eyes for near work with perfect ease; the asthenopia had entirely disappeared.

Case III. L. C., student. Complained of frontal headache with pain in the eyes, for the past three years. During the past year the letters appeared to run together when reading, and a very unpleasant burning sensation was felt in the lids, accompanied at times by a twitching of the lids. (Blepharospasm.)

The symptoms became so severe that the patient was compelled to discontinue his studies and quit school.

Vision=$\frac{20}{20}$.

R. E. vision=$\frac{20}{20}$ w. +3.00=$\frac{20}{20}$.

L. E. vision=$\frac{20}{20}$ w. +3.00=$\frac{20}{20}$.

After wearing the glasses one week he resumed his studies and since then has been entirely free from headache and asthenopia.

Case IV. Mrs. M. M., age 41, clerk. Complained of burning and pain in the eyes; there was so much ptosis that the lid in left eye had to be pulled up in order to examine the eye with the ophthalmometer.

Vision=$\frac{20}{30}$.

R. E. vision=$\frac{20}{30}$ w. +1.00=$\frac{20}{30}$.

L. E. vision=$\frac{20}{30}$ w. +2.00 cyl. ax. 105=$\frac{20}{30}$.

One month later the ptosis had disappeared and she was relived of the asthenopia.

Case V. Mr. C. F., age 15, farm hand. Complained of severe pain in the eyes, temples and back of head.

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Vision=$\frac{20}{30}$.
R. E. vision=$\frac{20}{100}$+2.75 cyl. ax. 90°=$\frac{20}{40}$.
L. E. vision=$\frac{20}{30}$+ .50 cyl. ax. 90°$\frac{20}{20}$.
The patient returned in six weeks relieved of headache and asthenopia.

Case VI. Miss L. P., age 14. Complained of intense frontal headache with "blepharospasm;" there was no pain in the eyes. This is one of the cases where the error of refraction caused the headache and blepharospasm, while the eyes presented no asthenopic symptoms.

Vision=$\frac{20}{20}$.
R. E. vision=$\frac{20}{20}$ w. + .75⊂+.25 cyl. ax. 105=$\frac{20}{20}$.
L. E. vision=$\frac{20}{20}$ w. +1.50=$\frac{20}{20}$.
One month later the patient was free from headache and blepharospasm, and has so remained.

Case VII. Mr. E. H. V., locomotive engineer. Complained of severe pain in the eyes, which compelled him to give up his position.

Vision=$\frac{20}{30}$.
R. E. vision=$\frac{20}{50}$ w. +.50⊂.2.25 cyl. ax. 90°=$\frac{20}{20}$.
L. E. vision=$\frac{20}{30}$ w. +.75 ax. 90=$\frac{20}{20}$.
The patient is now entirely free from the asthenopia and is working without any trouble.

Case VIII, Miss Ida H., age 20. Complained of seeing double, and severe pain in the eyes. I found she had diplopia.

Vision=$\frac{20}{20}$.
R. E. vision=$\frac{20}{70}$ w. +1.25=$\frac{20}{20}$.
L. E. vision=$\frac{20}{40}$ w. +1.75 cyl. ax. 75 =$\frac{20}{40}$.
In six weeks there was no diplopia, and the patient could read for hours without any asthenopic symptoms.

Award of the A. N. A. Prize.—The prize essay for which the American Neurological Association awarded $200 to Dr. B. Onuf, of Brooklyn, N. Y., is published in the October number of the *Journal of Nervous and Mental Diseases*. The subject is "The Biological and Morphological constitution of Ganglion Cells, as Influenced by Section of the Spinal Nerve Roots or Spinal Nerves. To which is appended some Remarks on Localization."

An Easy and Ready Method of Circumcision.—Dr. John W. Ross says: Retract the foreskin; insert the glans penis up to the corona into the open mouth of a glass test tube; draw the foreskin well forward over the end of the tube; tie a strong, small silk cord very tightly around the foreskin immediately in front of the flange of the tube; amputate the foreskin one-eighth of an inch in front of the constricting cord by a circular swoop of the knife; unite the mucous and cutaneous edge of the stump of the prepuce by eight or ten fine interrupted sutures; cut the constricting cord; remove the tube; cover the cut edges well with powdered iodoform; encircle the anterior half of the penis with a roller bandage of iodoform gauze, allowing the meatus to project slightly; and keep the patient in bed with the penis elevated, for from twenty-four to forty-eight hours.—*Medical Record*.

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THE PRESCRIPTION CASE.

We hope that our readers will take special interest in this department of THE HERALD. We solicit practitioners to furnish us for publication, with one or more of their favorite prescriptions. Only such as your personal experience has convinced you to be of practical use should be submitted.

Formulæ plainly written on a postal card is a convenient way for sending. Always give them in this order, please: 1. Name of the disease. 2. The formula and directions. 3. Your name, town and state.

Doctor, let us hear from you in time for the next issue of THE HERALD.

Obstinate Vomiting.

℞ Tinct. iodini,.....
Chloroformi, ...aa ʒ ij

M. Sig. Five drops night and morning at meal times, taken in Seltzer water.

Biliousness.—A formula of Prof. Da Costa's is:

℞ Fellis bovini purif.,.....ʒ j.
Mangan. sulph. exsiccat.,.....ʒ ij.
Resinæ podophylli,.....gr. v.

M. et. ft. No. xx. Sig. One pill three times a day.

Tobacco Habit.—Dr. S. H. Condin suggests the follows:

℞ Gold and sodium chlor.,.....gr. 1-24.
Strychiniæ nit.,.....gr. 1-60.
Nitroglycerine,.....
Atropinæ sulph.,.....aa gr. 1-200
Tinct. digitalis,.....*m* iij.
Capsicum,.....gr. ¼.
Salicin,.....
Cinchonidine sulph.,.....aa gr. 1

For one pill.—*North Carolina Med. Journal.*

Acute Tonsilitis.

℞ Crystallized carbolic acid,
Camphor, ...aa gr. xv.
Dist. aq.,.....
Glycerin,.....aa ʒ ij.

Paint on the tonsils.

Infantile Indigestion.—After the babe has nursed, give a teaspoonful of a mixture thus composed:

℞ Pepsin,.....gr. xv.
Lactic acid,.....ʒ ss.
Syr. of lemon,.....ʒ j.
Aq. dist.,.....ʒ iij.

Fever of Tubculosis in Children.

Dr. Ratchford (*Covremennaya Klinika,*) in treatment of the fever of tuberculosis, and particularly that of the lungs, in children, advises the following salve:

℞ Guaiacol,.....
Lanoline,.....aa ʒ j.
Lard,.....ʒ j.

Rub a little of the salve of the size of a hazel-nut into the region of the chest each evening.

Hay Fever.

℞ Hydrobromate Coniine.....gr. 1–30
Chloridi Ammonii.....gr. ss
Pulv. opii.....
Ext Belladonnæ.....
Ext. Aconite.....a.a. gr. 1-6

ft. Mass Pills ov tablet.

Sig. one every 2 hours, until secretion stops, then every 4 hours.—*Bulette.*

Slocum (*Phil. Polyclinic*) treats leucorrhœa in young unmarried females as follows:

℞ Tinct. cantharidis,.....m 96.
Tinct. ferri chloridi,.....m 160.
Acid. phosphoric. dilut,.....m 160.
Syrup. limonis,.....fʒij.
Aquæ,..... fʒiv.

Sig.—A teaspoonsul, in water, after meals.

Constipation at Weaning-Time.

For constipation at weaning-time injections and glycerin suppositories, and before meals a spoonful of:

℞ Syr. of rhubarb,.....
Syr. of gentian,.....equal parts.

Or give every morning a coffee-spoonful of:

℞ Ol. ricini,.....
Syr. of orange flowers,.....aa fl. ʒ ss.

Also give in the same dose:

℞ Calcined magnesia,.....
Sulphur, sublimed,.....
Cream of Tartar,.....aa ʒ j.
Ess. of anise,.....*m* iiss.

Anæmia in Children.

Give as a tonic in the anæmia of children, especially when this is associated with loss of appetite and general debility.—*Mays.*

℞ Ferri sulph. exiccat.,.....
Potass. carb.,.....aa gr. j.

M. Ft. pil. j t. d.—*Da Costa.*

℞ Ext. cinchonæ,.....
Ext. gentianæ,.....
Ext. rhei,.....
Ferri et potassæ tart.,.....aa gr. 65.
Ext. nucis vomicæ,.....gr. viiss.
Ol. anisi,.....gtt. v.
Glycerinæ, ...q. s.

M. Et. div. in pil. No. 100. Sig. Two pills before each meal.

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THE MEDICAL HERALD

A PRACTICAL MONTHLY JOURNAL OF THE MEDICAL SCIENCES.

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EDITORIAL

A PRELIMINARY EDUCATION.

For quite a time we have heard much on the general absence of suitable education on the part of young men who enter on the study of medicine. The much that has been published on this subject is an indication of the lack of this fitness. The consequence has been an awakening on the subject, and some very positive expressions of opinion have been given. What has been said has borne some fruit. The standard for matriculation has been raised; the lowest requirement being made a first-grade teacher's certificate; the highest an A. B. from a reputable college of Science and Art. When this shall be made the lowest, then we may rest for years to come. This is a qualification for the study of medicine that may be regarded as adequate and satisfactory.

An A. B. is not to be taken, as we understand the matter, as simply a measure indicating an amount of scholastic knowledge, but particularly as an evidence that one's mind has thereby been trained to study and has learned to think. The ingestive work but fills a capacity of volume, and remains useless unless digested and assimilated by thought and reflection. The acquisition of knowledge is to give us material on which to think, and by thinking to train the mind for all mental work. No one realizes the need of this training more than the teacher, unless he may not have learned this art.

But the profession of medicine is not the only one that labors under the disadvantages arising from too low a standard of education on the part of those who enter formally on its study. We know our own deficiencies better than any one else, and speak of them among ourselves, and are sufficiently shamed by them to make the effort to be rid of them. This is

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commendable, and the effort will bear fruit. Whether encouraged thereto by other professions or callings in life, it matters not. Our own appreciation of the need is a vigorous stimulus to the effort, and well nigh half the cure. But there is encouragement from without, and of such a character as to make the physician feel and be assured that he will not labor in vain.

The profession of law is in as sad a plight in this particular as is that of medicine, and there are strong cries lifted up for improvement as respects the same things. Here is what Judge Brewer, of the Supreme Court, says of the unfitness of law students to enter on a study that demands the highest qualities of mind and its training by a preliminary education. There we see that the lack of the necessary education, as preparatory for the work, makes incapable as well as unprincipled lawyers, just as the same defects make like characters in medicine. The preventive for both is to be found in a liberal literary and scientific education.

But hear what the distinguished Judge says: "If our profession is to maintain its prominence, a longer course of preparatory study must be required. The door of admission to the bar must swing on reluctant hinges, and only he be permitted to pass through who has by continued and patient study fitted himself for the work of a safe counsellor and the place of a leader. A growing multitude are crowding in who are not fit to be lawyers, who disgrace the profession after they are in it, while in a scramble after a livelihood are debasing the noblest of professions into the meanest of avocations; who, instead of being leaders and looked up to for advice and guidance, are despised as the hangers on of police courts and nibblers after crumbs which a dog ought to be ashamed to touch. It would be a blessing to the profession, and to the community as well, if some Noachian deluge would engulf half of those who have a license to practice."

Now, if we could have some distinguished journalist, and one of the better sort of newspaper managers, use similar language of that class (if there is any other) of newspapers which defend charlatans in medicine, because they are profitable advertising customers, we might have more hope of being rid of those characters who prey on the public. Who shall it be?

WESTERN ASSOCIATION OF GYNECOLOGISTS AND OBSTETRICIANS.

The annual meeting of this society will occur in Kansas City, December 26 and 27, and the Secretary, Dr. T. J. Beattie, is hard at work preparing the program. From present indications, this will be the most interesting session ever held by this society, and members who contemplate reading papers should send their titles to the Secretary without delay, to secure proper place on the program.

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The Physician's Library.

MODERN MATERIA MEDICA, with Therapeutic Notes. For the Use of Practitioners and Students of Medicine. By Otto Roth. Seventh Edition. Revised by Dr. Gregor Smith, Würzburg. One volume of 467 pages, octavo, muslin binding. Price, $2.00. Wm. Wood & Co., New York.

From the number of editions which have been issued of this work one can fairly judge of its practical merits. The present edition is the seventh, from the same issued in Germany. It is full of prescriptions. The remedies considered are arranged alphabetically. The treatment of each remedy is concise and practical, features that adapt it especially to the busy practitioner. The present edition is "up to date," including the many new drugs which now form so important a part of the practicing physician's pharmacopœia.

HOME TREATMENT FOR CATARRHS AND COLDS; Leonard A. Dessar, M. D. Home Series Publishing Co., New York.

This is intended as a household guide for non-medical persons suffering from diseases of the upper respiratory passages. It advises home treatment for diseases which we believe should only be treated by a physician, and, therefore, we do not consider it a safe book for the laity. There are many useful suggestions to physicians however, and we believe it should be in the hands of doctors only. With them it will serve a useful purpose.

FOSTER'S PHYSIOLOGY.—Text-Book of Physiology; By Michael Foster, M. D., F. R. S., Prelector in Physiology and Fellow of Trinity College, Cambridge, England. New (sixth) American edition, with notes and additions. In one handsome octavo volume of 922 pages, with 257 illustrations. Cloth, $4.50; leather, $5.50. Philadelphia, Lea Brothers & Co., Publishers.

Professor Michael Foster's Physiology is not surpassed by any other Physiology now before the profession. It has run through many editions and is yet the leading text-book used by physicians and students of England and the United States. In the sixth edition—the last—issued by Lea Brothers & Co., Philadelphia, the work has been improved by a revision of the text and a consequent change in the structure of sentences and the omission of useless verbiage; and such additions have been made as tend to make the work more practically serviceable to both physician and student of medicine. Much of what is said in the work is elucidated by an Appendix, which gives the chemistry of the organic substances which constitute the fabric of the organism. One reads the work with pleasure; the thoughts are made to lie on the surface, and are clothed in a simple and clear style. The book, to us, is very satisfactory, and read with the greatest pleasure. We prize it highly and cordially recommend it.

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A BOOK OF DETACHABLE DIET LISTS; Compiled by Jerome B. Thomas, A. B., M. D. W. B. Saunders, Publisher, Philadelphia, Pa. Price $1.50.

This is an excellent work containing lists of diet proper and improper to use in cases of albumenuria, anaemia, and debility, constipation, diabetes, diarrhœa, dyspepsia, fevers, gout and uric acid, diathesis, obesity and tuberculosis. There is also a sick room dietary, telling the methods of making a great many articles of diet of service in a sick-room. The book is a great help to practitioners. The leaves can be torn out and given to the nurse, and full instructions are thus given at a minimum labor to the physician.

Pamphlets Received.

Address on the Founding of the Illinois Hospital, by Seth Bishop, M. D , Chicago. Reprint from Jour Am. Med. Ass'n, June 20, 1895.

Medical Terminology; Its Etymology and Errors, by P. J. McCourt, M. D , N. Y. Reprint from Medical Record, July 28th, 1895.

Favorable Results of Koch's Tuberculin Treatment in Tubercular Affects that are not Pulmonary, by Chas. Denison, A. M., M. D., Denver, Colo. Reprint from N. Y. Med Jour., August 8th, 1895.

Antiphthisine; Report on Kleb's New Tuberculin Derivative and Some of the Cases Treated, by Chas. Denison, A. M., M. D., Denver, Colo. Rep int from Medical Record, June 20th, 1895.

On Movable Kidney, by Geo. Bell Johnston, M. D., Richmond, Va. Reprint from Transactions of the Southern Surgical and Gynecological Association, 1894, and Annals of Surgery, February, 1895.

Strabismus as a Symptom; Its Causes and Practical Management, by Leartus Connor, M. D., Detroit, Mich. Reprint from Jour. Am. Med. Ass'n, June 29th, 1895.

Brain Resistance to Uraemic Poison, by Dr. Brummell Jones, Kansas City, Mo. Reprint from Kansas City Medical Index, July, 1895.

Clinical Notes on Psoriasis with Special Reference to its Prognosis and Treatment; By L. Duncan Bulkley, M. D., A. M , and author of several works on skin diseases.

Three Cases of Enucleation of the Eye; By Leartus Connor, A. B., M. D., Detroit, Mich.

What Has Sewer-Gas got to do with Bad Results in Obstetrics and Gynecology; By A. Lapthom Smith, B. A., M. D., M. R. S. C., Eng., F. O. S., London.

Recto-Vaginal Fistulas and Fistniæ About the Anus in Women; By A. Lapthorn Smith; B. A., M.D., M. R. S. C., Eng., F. O. S., London.

Ventro-Fixation and Alexander's Operation Compared; By A. Lapthorn Smith, B. A., M. D., M. R. S. C., Eng., F. O. S., London.

Five Cases of Pyosalpingitis; By A. Lapthorn Smith, B. A., M. D., M. R. S. C., Eng., F. O. S., London.

The Orthopedic Fad; By A. J. Steele, M. D., St. Louis, Mo.

The Contagion, Mortality, and Prevention of Whooping Cough; By William Sweemer, M. D., Milwaukee, Wis.

The Necessity of a Modern Medical College; By E. Fletcher Ingals, A. M., M. D.

A Case of Hydro-Salpynx—Removal of the Right Tube and Ovary Without Rupture of the Sac; By Hunter Robb, M. D.

Perforation in Enteric Fever; Its Surgical Treatment; By Frederick Holms Wiggan, M. D.

Hot Springs of Arkansas; Some Interesting Facts for Physicians at a Distance; By Drs. R. C. Holladay and O. H. Burton.

Two Abscesses of the Brain; By J. T. Eskridge, M. D., and Clayton Parkhill, M. D.

Synopsis of One Hundred Ovariotomies; By Edward Borck, A. M , M. D.

The Treatment of Anal Fissure or Irritable Ulcer of the Rectum, by Lewis H. Adler, M. D., Phila. Reprint from American Lancet, March, 1893.

Treatment of Fistulæ in Ano by Lange's Method of Immediate Suture of the Tract, by Lewis H. Adler, M D., Phila, Reprint from The Medical News, June 1st, 1895.

Extirpation and Colotomy in Cases of Carcinoma of the Rectum, by Lewis H. Adler, M. D , Phila. Reprint from Medical News, July 20th, 1895.

The Operative Treatment for Fistula in Ano, by Lewis H. Adler, M. D., Phila. From International Medical Magazine, October, 1895.

A Case of Didelphic Uterus, with Lateral Hematocolpos, Hematometra, and Hemosalpynx, by X. O. Werder, M. D , Pittsburg, Pa. Reprint from Jour. Am. Med. Ass'n, August 11th, 1894.

Abdominal Section in Ectopic Gestation where the Fetus is Living and Viable, with Report of a Successful Case, by X. O. Werder, M. D., Pittsburg, Pa. Reprint from Transactions of the Association of Obstetricians and Gynecologists, 1894.

A Report of the Abdominal Sections in the Gynecological Department of Mercy Hospital, from July 1st to October 1st, 1894, by X. O. Werder, M. D., Pittsburg, Pa. Reprint from Pittsburg Medical Review, December, 1894.

The Treatment of Chronic Endometritis, by X. O. Werder, M. D. Pittsburg Pa. Reprint from Pittsburg Medical Review, March, 1895.

Civil Service Reform in State Institutions—Reorganization of the Medical Staff, by Boerne Bettman, M. D., Chicago. Reprint from Jour. Am. Med. Ass'n

The Diagnostic Value of the Medical Laboratory, by Wm. Harsha, A. B., M. D., Chicago. Reprint from Medicine, May, 1895.

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SOCIETY GATHERINGS

MISSISSIPPI VALLEY MEDICAL ASSOCIATION

Proceedings of Annual Meeting at Detroit, September 3-6, 1895.

Officially Reported for THE MEDICAL HERALD.

Continued from page 508

Continuation of the discussion of the paper of DR. L. H. DUNNING, of Indianapolis, Ind., on

TUBERCULAR PERITONITIS.

DR. R. S. SUTTON, or Pittsburg, had seen a good many cases of tubercular peritonitis, upon several of which he had operated successfully. Until within a year he had been in the habit of washing out the cavity with hot water, but now he pays no attention to it, but simply opens the abdomen and cleans out everything. He is convinced that while hot water does no harm, it does no good in that it has no influence upon the disease. He believes in removing, so far as possible, all diseased organs.

DR. HENRY O. MARCY, of Boston, operated in 1887 for the first time on a case of tubercular peritonitis, the patient making an easy recovery. He had operated several times since then for this disease with excellent results.

DR. A. H. CORDIER, of Kansas City, Mo., called attention to the fact that Mr. Wells, as early as 1862, operated for tubercular peritonitis, simply incising the abdomen and draining, thus curing the cases. He thinks that drainage is the principle thing that brings about a cure in this disease, but how is not definitely settled. He said the theory had been advanced by Dr. Morris, of New York, that it is due to the admission of saprophytes into the peritoneal cavity.

DR. BAYARD HOLMES, of Chicago, related an interesting case of adhesive peritonitis cured by operation.

The paper was further discussed by Dr. W. S. Caldwell, of Freeport, Ill.; Dr. Entriken, of Findlay, O., and Dr. B. M. Ricketts, of Cincinnati, O.

DR. DUNNING, in closing, said that Linder's observations were the most complete of any, and he found very little tendency to recurrence of the disease where it was primary and of the adhesive form; but where the disease was secondary and of the adhesive form, there was a strong tendency to recurrence. His own experience had not been sufficiently extensive to funish reliable data in this regard.

HYSTERECTOMY FOR PUERPERAL SEPSIS.—WHEN SHALL IT BE PERFORMED? WITH A REPORT OF FOUR CASES.

The author of this contribution was DR. BAYARD HOLMES, of Chicago.

The paper was divided into five parts. (1) a report of four cases of puerperal sepsis, treated by four different methods. (2) The pathology of puerperal sepsis in various stages. (3) Curettements in the hands of its advocates. (4) Puerperal sepsis as a cause of death in Chicago, New York, Brooklyn, and in the Charity Hospital at Berlin, with an abstract of 79 deaths from puerperal sepsis in 6,635 cases.

The first case was a multipara, 26 years of age, of Irish extraction, having a history of tuberculosis of the lungs, confined under unfavorable circumstances with retained placenta, post partum hemorrhage, delivery without an anesthetic with the hand of a physician, arrest of hemorrhage, gradual sepsis, failure of curettement, and death seven weeks after confinement.

The second case was a woman 30 years of age, normal confinement, with sepsis appearing upon the fourth day of a mild character, gradually increasing until six weeks after delivery. Temperature was high, pulse rapid, and symptoms of peritonitis with obstruction of the bowels. Laparotomy. Removal of the right broad ligament, tube and ovary; drainage through the vagina; death after eight days without peritonitis, from phlebitis, and pulmonary embolism.

The third case was in a multipara with gonorrhaeal history, an abortion followed by pelvic inflammation, pertonitis and obstruction three weeks af-

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ter delivery. Removal of both tubes and abdominal drainage; death after ten days without peritonitis through phlebitis and pulmonary embolism.

The fourth case was a multipara, 32 years of age, delivered by midwife, with a bad history of puerperal infection, rapid onset of a mild infection, no curettement. Obstruction of the bowels, vomiting six weeks after delivery, with evidences of peritoneal effusion. Laparotomy: removal of the uterus and its adnexa, abdominal drainage and recovery. This uterus and these appendages were carefully examined microscopically. There was evidence of necrotic endometritis, suppurative endometritis, suppurative metritis, suppurative lymphangitis in both tubes with abscess of the ovarian ligament upon the right side and adjacent peritonitis. The blood vessels throughout the broad ligaments were found indicating a progressive infective thrombosis. The uterine tissue was filled with pus cells occupying the perivascular and lymph spaces with occasional obliteration of large blood-vessels. A great number of mastzellen were found throughout the infected tissues. The author held that the progress of puerperal infection was in this case through infective thrombosis and suppurative lymphangitis and that the removal of both tubes and drainage would have been ineffectual. He then proceeded to recount the pathological findings in cases of noninfected puerperal women dying from accidental causes during the first, third and sixth weeks after labor, and also cases dying at somewhat similar times after labor, stating the comparison of the normal and the abnormal uterine and periuterine tissues.

Fourth division. In the city of Chicago, during the years 1881 to 1894 inclusive there were 2,127 deaths from puerperal fever. In New York during six years ending May 31 1880, there were 250,000 deaths, of whom one-sixth were females, and 2,236 of these deaths were due to the pregnant state. In Brooklyn, with 112,000 deaths during the same period, 53,000 were females, and of these 867 died of the puerperal state. 462 dying of puerperal sepsis. These figures show the importance of the subject.

The question of treating puerperal infection by evidement or curetting, was discussed by presenting the work of its own advocates, showing that out of 7,600 cases of labor in the hands of one of the advocates of curettement 101 were treated by repeated curettement and irrigation. Of these 96 recovered and five died.

An abstract of the history of these five cases was presented, showing that there was every reason to believe that after curettement had failed, hysterectomy would have proved efficient in saving the patients.

A series of 6,635 cases of confinement occuring in the Charity Hospital in Berlin, under the care of Hensoldt, Schwarze, Huenermann, and Hochselter during four successive years were then analyzed. Seventy-nine deaths from all cases occured. Of these deaths 33 resulted from puerperal sepsis, and in order to fully understand the possibility of these cases, a short epitome of the history of each was presented, showing that only three out of 633 cases were of such a character as to give rise to the suspicion that they might not have been saved by an hysterectomy.

The author gave the following conclusions: (1) Puerperal sepsis has its origin in the endometrium, and usually travels by the lymph channels or by the thrombosed blood vessels and the lymph channels together. (2) It still causes almost one-half of the deaths which occur in the puerperal state. (3) Curetting is ineffectual in many cases of puerperal sepsis. (4) The removal of an infected broad ligament and the drainage of the pelvic abscesses or peritonitis is often ineffectual. (5) Hysterectomy should be performed, therefore, in such cases of puerperal infection as do not yield to uterine curetting and irrigation. (6) Hysterectomy should be done whenever peritonitis is present in the course of puerperal fever. (7) Hysterectomy may not be helpful in the course of diphtheritic vaginitis and endometritus. (8) It should be performed in cases of puerperal mania, where there is a history of endometritus without uremia. (9) Hysterectomy may not be helpful in cases of rapid early infection. (10) It may not be useful in cases of septic phlebitis reaching outside of the pelvis.

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CELIOTOMY IN GENERAL SUPPURATIVE PERITONITIS, WITH THE REPORT OF A CASE.

This paper was read by DR. MILES F. PORTER, of Fort Wayne, Ind. The author first quoted Prandin, who says regarding general puerperal peritonitis: "The women die, no matter what the form of treatment employed." Dr. Baldy says: "To my knowledge, there has never been reported an undoubted case of general purulent peritonitis from any cause whatever, in which an abdominal section or any other line of treatment has succeeded in saving the patient's life." That the mortality of general septic peritonitis is large all will agree, but that it is always fatal is certainly not true. Dr .Porter then reported the case, and closed by saying that the object in writing the paper was to assist in arousing a sentiment against the too-prevalent idea that in general septic peritonitis death is inevitable, and to encourage in these cases prompt operative interference.

DR. J. HENRY CARSTENS, of Detroit, followed with a paper entitled

THREE CASES OF HYSTERECTOMY FOLLOWING CELIOTOMY FOR TUBES.

The author summarized his remarks as follows:

(1) "It seems to me in the light of my present experience in cases of bilateral pus-tubes, that a more perfect and complete operation can be performed by abdominal section, with less danger of injury to the bladder and intestines, and with smaller mortality and better ultimate results

(2) "That in certain cases a better immediate result is obtainable by vaginal hysterectomy and drainage but these cases frequently require a second operation to remove the ovarian tissue and parts of the tube, which at first in many cases cannot be removed, before a perfect ultimate cure is established.

(3) "Where the sympathetic and other nerves are affected, the cause is not in the uterus, ovaries or tubes alone, but part in each. We are unable to state which organ is at the bottom of the trouble. Sometimes it may be only one, sometimes the other sometimes two or all three; hence, in such cases I would say.

(4) "In many cases with marked nervous symptoms, the best results are obtained only after the compete removal of every particle of the generative organs—that is, uterus, tubes, and ovaries be thus accomplished at one,two or three operations, per vagina or by abdominal section."

DR. R. S. SUTTON, of Pittsburg, favored abdominal section for pus tubes. He maintained first and foremost that a uterus deprived of its appendages is of no use. Second, that it is an organ, which, if left, is liable to tuberculosis, gonorrhea, syphilis, nasty discharges, adhesions, etc. When it is decided to remove the appendages, the uterus should be taken out.

DR. GILLIAM, of Columbus. O., argued against the removal of the uterus with the appendages in order to safe life, the objection being that the shortening of the vagina resulted.

DR. B. M. RICKETTS, of Cincinnati, believes total extirpation will be relegated. The dangers are cystocele, hernia, increased danger of prolonging the operation and shortening of the vagina.

DR. HENRY O. MARCY, of Boston, favored retaining the cervix when it is healthy, and pointed out the reasons why it should not be removed. It helped materially in acting as a support to the vault of the vagina.

DR. HOLMES, of Chicago, in discussing Dr. Cordier's paper, said that drainage was a sort of vicarious redemption for poor surgery. Whenever it is impossible to make a wound clean we must drain, and sometimes we drain when the wound is clean, but we are unable to arrest the hemorrhage. He could conceive of no other indication for drainage, whether in the abdomen, the brain, or any other part of the body, than failure to meet one great indication of wound treatment—to keep the wound clean.

PERITONEAL IRRIGATION AND DRAINAGE.

This was the title of a paper read by DR. A. H. CORDIER, of Kansas City, Mo., in which he said that the latest works on abdominal and pelvic surgery contain, like the older textbooks, very short and misleading articles on the indications for peritoneal irrigation and drainage, and still less

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explict are the directions how to use these agents for good, intelligently and correctly. This diversity of opinion among authors leaves the inexperienced beginner in a position of perplexity and doubt as to the special course he is to pursue in his early work. The same principles hold good in draining the peritoneal cavity that are applicable to other parts of the body. No surgeon, with all the antiseptic precautions possible to be used in opening a diffuse abscess of the thigh or other part of the body, would think of such a thing as at once closing a wound hermetically, leaving many broken down shreds of diseased tissues dangling in the abscess cavity. He might have irrigated the cavity thoroughly with a 1-1000 solution, yet he would not feel it safe to close the wound until after he had made counter-openings and introduced a drainage tube, this being as near ideal surgery as it is possible to obtain in these cases. Freshly boiled distilled or filtered water, cooled to 102 degrees, F., to 110 degrees F., should be used in irrigating.

The author drew the following deductions: (1) Drainage is a life-saving process when properly used. (2) To use it is not an admission on the part of the surgeon that his work during the operation is imperfect. (3) The use of the tube alone does not produce or leave any condition that favors the development of hernia. (4) The omentum, or other structures do not become entangled in the openings in the tube. (5) A small-sized flint-glass tube, with small openings and open end should always be selected for pelvic drainage. (6) The tube should be used when in doubt as to the absence or presence of drainage indications. (8) To depend upon microscopic findings as to whether a given case should or should not to be drained is seemingly scientific, but is neither necessary nor practicable. (9) Gauze drains should be rarely used, and should always be supplemented by a glass drain. (10) There is no danger of infecting the patient through a tube if the attendant is properly instructed.

[TO BE CONTINUED.]

American Association of Obstetricians and Gynecologists.

This society convened in Chicago on Tuesday, Sept. 24, under the management of Dr. J. H. Carstens, of Detroit, president, and Dr. Wm. Warren Potter, of Buffalo, secretary.

OFFICERS FOR 1896.

PRESIDENT—Joseph Price, Philadelphia, Penn.

FIRST VICE-PRESIDENT—A H. Cordier, Kansas City, Mo.

SECOND VICE-PRESIDENT—Geo. S. Peck, Youngstown, O.

SECRETARY—W. W. Potter, Buffalo, N. Y.

TREASURER—X. O. Werder, Pittsburg, Pa.

Place of meeting—Richmond, Va.

Time—Second Tuesday in September, 1896.

CHLOROFORM DURING SLEEP.

The following case is of interest as bearing on the question whether a sleeping person can be chloroformed without awakening .

The reporter was asked to take two teeth out for a girl aged 7, and, going to her home he found her lying on her back in bed sound asleep. Having poured about two drachms, probably more, of chloroform on a folded towel, he gradually brought it to about two or three inches of her mouth and held it there. She went on breathing quite quietly, and neither coughing nor making any unwonted movements. In a very short time she was so well under its influence that her hand fell down when raised, and the conjunctiva was insensible to touch.

She was then lifted out of bed, carried into another room and laid on a sofa, without her giving any sign of consciousness. On opening her mouth, however, she put up her hands and turned her head on the pillow. More chloroform was given, and almost immediately she was in a state of complete anesthesia and the teeth were extracted. She was easily aroused, but almost momentarily fell asleep again and slept for two hours. When she awoke she was much astonished to find that her teeth were out.—Therapeutic Gazette.

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THERAPEUTIC CULLINGS

TREATMENT OF INTERMITTENT FEVER.

Before the discovery of the tubercle bacillus, many a cough was allowed to continue without treatment and the real difficulty not suspected until a sharp hemorrhage or a hectic fever revealed the true situation. Only a few months ago diphtheria patients walked the streets with a simple sore throat, while cases of follicular tonsillitis were carefully treated as diphtheric in character. Nearly all of us were taught that malaria was an earth-born poison which filled the air with "a fever-generating agent."

Now, all this is changed. The tubercle bacilli can be detected in the earliest stages of phthisis. The Klebs-Loefler bacillus decides the presence of diphtheria; and the malarial germs of Laveran tell us we have an intermittent fever.

It is natural that we look for a remedy which will destroy these germs or counteract their poisonous products. Indeed, it now appears that we have, unconsciously to be sure, been giving a perfect specific for the cause of the latter disease. Quinine is no longer administered in an empirical manner. We know precisely why we give it and what it does. Quinine exerts a deathly influence over the malarial germ, therefore it may be given with the satisfaction of knowing that it will invariably check the paroxyms of an intermittent fever. If its use is not followed by this cure, then it is certain that it never came in contact with the red corpuscles of the blood. Absorbtion was incomplete or the quantity of the drug was insufficient. In the light of all this it is certainly bordering on the ludricous that the National Dispensatory should give a list of seventy-six remedies in the index under Intermittent Fever.

The patient has usually had a malarial paroxysm before seeking medical advice. As hepatic activity is necessary to obtain the best effect of the specific treatment, so, in cases of constipation at least, it is better to begin the treatment with the following prescription which should be taken five or six hours prior to the quinine:

R. Hydrarg. Chloridi Mite
Sodae Bi-Carb., aa gr. 1.
M. Divide into six powders.
Sig.—Take one powder every fifteen minutes, using all the powders.

This is far preferable to giving the calomel in one single dose and in large quantity. However, it may be necessary, if the patient is insensitive to purgatives to increase the quantity in the prescription by one-half. While this preparatory treatment is not necessary, yet it is certainly true that after its employment a less quantity of quinine is required and the general condition of the patient is improved.

To insure prompt and complete absorption the quinine is best given in liquid form. The following is a favorite prescription:

R. Quinia Sulph., grs. xv.
Aquae, oz. j.
Acid Sulph. Dil., q. s. ft. sol.
M. et. Sig.—Take at one dose in one-third glass of water.

With the above preparatory treatment and with the quinine dissolved, this dose is equivalent to at least twenty grains given after the usual manner; while it is certain we should not trust to pills or capsules at such a time unless we know positively that these are in a perfectly soluble condition.

To prevent the uncomfortable head symptoms which accompany full doses of quinine and also to relieve the pain which is likely to be present at the same time of the expected paroxysm, the following prescription should be given four or five hours after the specific:

R. Antikamnia Tablets (5 gr. each), No. xxiv.
Sig.—One tablet every two hours while pain necessitates.

While the above dose of quinine is sufficiently large for residents of most parts of the United States, yet in some of the Southern States and in other sections where malaria abounds with unusual force, it may be necessary to give the quinine as high as twenty, forty or even sixty grains. But in the great majority of cases the above single dose will be sufficient to prevent a second chill.

In order that there may be no question about the recurrence of an attack, and also in order to bring the system under the influence of a good tonic, the quinine should be continued for

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one or two weeks in doses of 5 to 10 grains a day. As the malarial germ has left its effects on the nervous system and often to a marked degree, so a remedy is indicated which will put at rest the disturbed condition. The following will be found satisfactory in every way:

R. Antikamnia and Quinine Tablets (5 gr. each), No. xxiv.
Sig.—One tablet three times a day, after meals.

This tablet contains 2 1-2 grs. Sulp. Quinine and 2 1-2 grs. Antikamnia, being the most desirable proportion.

If the physician be called while the patient is suffering from a paroxysm, and he is in doubt as to its nature, he has only to remember that any intermittent fever which resists the action of quinine is not necessarily of malarial origin. Even during the chill of a malarial attack the temperature may rise to 102 degrees or higher, while it is often true that when a chill has passed and the fever is on, the thermometer will show a lower degree of heat. Therefore, no better treatment can be given at the beginning of or during the chill, than the following:

R. Antikamnia Tablets (5 gr. each), No. xxiv.
Sig.—Take two tablets immediately.
Repeat dose in two hours if pain necessitates.

The antikamnia will relieve the congestion of the abdominal and thoracic organs and will materially alleviate the headache of the second stage especially. In fact, it practically robs the fever of its most distressing features.

When we consider that the cause of intermittent fever is so thoroughly understood and that quinine is regarded as its specific, destroying said cause, how purile are all attempts to bring forward new substitutes. Although pain may not be dependent upon any special living organism, yet it is certain that in antikamnia we have a most reliable specific.

In regard to the treatment of all forms of febrile maladies, periodic or continued, I have found Antikamnia tablets with its various combinations of codeine, salol or quinine, (as indicated in each individual case,) the most reliable, prompt and satisfactory remedies in controlling these intractable disorders of any remedial agent known to me in an general active practice of over thirty years.

WALTER M. FLEMING, M. D.,
240 Fifth Avenue, New York City.

THE SAFEST OF HYPNOTICS.

A thorough review of the literature oon Troinal, in connection with a large personal experience in the use of this drug, lead Guttmann to the conclusion (Reichs-Mediz. Anzeiger, No. 8-10, 1895) that in comparison with other hypnotics it possesses the most advantages and the least disadvantages. In a case occurring in his practice in which owing to persistent insomnia, it was found necessary to administer Trinal in large doses, sometimes several times daily, and for a period of six weeks, no toxic symptoms of any kind were experienced, and when discontinued the patient manifested no ill results. It acted promptly when other drugs, such as bromides, chloral and morphine proved inefficient. Later when its use was resumed the same favorable effects were obtained, and was found to produce refreshing sleep even in the presence of pains. According to the reports thus far published Trional is utterly devoid of any injurious influence upon the heart, and its freedom from after-effects render it especially adapted for children. The field of action of this remedy extends to all forms of insomnia, both in those who are mentally sound or demented, unless violent attacks of psychical, motor or sensory restlessness be present. In cases of the latter kind, it is necessary first to allay the marked excitement by other remedies, and for the relief of pain Guttmann prefers to opiates the combination of Phenacetine with Trional. As one of its most agreeable properties he regards its antihydrotic effects which renders it especially valuable in phthisical cases. During its prolonged administration attention should be paid to regulation of the bowels, and carbonated waters or bicarbonate of soda should be given. The doses of Trional varies from 1.0 to 2.0 gm. for adults, 1.5 gm. being a medium dose; for children 0.2 to 1.5 gm. are required. It is best administered in warm fluids or in carbonated fluids, such as milk and seltzer. Ten to fifteen minutes after its administration a deep, physiological sleep ensues, from which the patient awakes refresned. In fractional doses during the day it sometimes allays excitement and relieves pain.

Mathison recommends trional as a hypnotic in cases of morphine habit.

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NEWS AND MISCELLANY

New Use for the Murphy Button.—A prominent Chicago surgeon wears the "Murphy button" as a watch charm.

The Grand River Medical Society will hold its Semi-Annual meeting in Breckinridge, December 5 and 6. Send the titles of your papers to Dr. A. J. Simpson, secretary, Chillicothe, Mo.

Wanted.—A young Pharmacist, who is a graduate of a Medical College, and can loan his employer seven hundred and fifty dollars ($750) for six months. Notes secured by drug stock. Steady job with good salary. Address: "Pedra," care MEDICAL HERALD, St. Joseph, Mo.

A Hallowe'en Fatality.—The daily press dispatches tell the sad story of a young miss at Sharon, Pa., who swallowed a chicken's heart at a Hallowe'en party, in anticipation that her future husband would be the next gentleman she would meet. The experiment proved to be a costly one for the young lady; the heart lodging in the wind-pipe, and ultimately causing her death.

The Kroft Beer Test.—A patient who has had gonorrhoea and is about to marry asks his physician whether he is completely freed from his disease and without danger of contaminating his wife. In such cases Dr. Kroft of Utrecht, instructs his patient to drink a quart and a half of beer, after which he injects into the patient's urethra a two per cent. solution of sublimate. If he is actually cured, no reaction follows; if the contrary is true a discharge will be set up which sometimes does not disappear for forty-eight hours.—Med. Record.

The Influence of Removal of the Ovaries upon the Bodily Metabolism.—While there are few organs whose function is absolutely essential for the maintenance of life, there is probably none whose functional activity is not without influence upon that of other organs and structures. Of the validity of this proposition we have of late years had an abundance of evidence. The most conspicuous illustration is to be found in the thyroid gland, to whose abscence or atrophy or disease is attributed the group of diseases comprising myxedema and cretinism and perhaps also exophthalmic goiter. One practical outcome of a recognition of this inter-relation resides in the therapeutic employment of preparations of the thyroid gland of one kind or another. Clinical observation has shown also that the ovaries have a not insignificant influence on the metabolic processes of the body. Thus over and above the changes, psychic and physical, that are at times observed at the menopause, occurring naturally or induced artifically by removal of the ovaries, it has been shown that the rather uncommon disease, osteomalacia, will in many instances yield to the operation of oophorectomy. An additional contribution to this enteresting chemice-physiologic subject has recently been made by Curatulo and Tarulli (*Centralblatt fur Gynakologie*, 1895. No. 21, p. 555), who report the results of a series of observations upon the metabolic changes that follow removal of the ovaries. After having fed dogs with food so adjusted in quantity and quality that a fairly unvarying amount o. nitrogen and phosphates was excreted, it was found that after removal of ovaries, the other conditions remaining the same, the amount of phosphates eliminated was diminished considerably for some time, the amount of nitrogen undergoing little change. The inference is drawn that this diminution in the excretion of phosphates is to be attributed to the lessened oxidation of the phosphorous present in the tissues in organic form, and which in combination with earthy bases is in health deposited in the bony structures as calcium and magnesium phosphates. In this way, it is believed, is to be explained the improvement that follows removal of the ovaries in cases of osteomlacia.—*Medical News.*

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Antitoxin in Scarlatina.—Dr. W. Thornton Parker (*Med. Record*) reports a case of scarlatina in which antitoxin was used with excellent results. Three injections were used, 20 c. c. each, during a period of two days.

The Tri-State Society.—In a recent issue of the Iowa Medical Journal, the failure of the Des Moines meeting is attributed to rabid editorials in the Tri-State Journal, and coming as they did from the president of the Society, were not appreciated by the members. Hence the lack of attendance at the meeting. "A house divided against itself," etc..

Nosophene.—Under this name MM. Classen and Lob designate an iodine on phenolphtalein, to-wit: tetraiodphenolphtalein. It appears as a yellow, insipid, inodorous powder, soluble in ether and chloroform, and insoluble in water. It contains 60 per cent of iodine, and behaves as an acid, forming soluble salts with the alkaline bases. It is recommended in coryza, rhinitis, etc.—*Nat'l Druggist.*

A Cure for Appendicitis.—Of late years a dread has gone abroad that every one who eats fruits with small seeds in them is pretty sure to run the risk of dying from appendicitis, or be forced to undergo a dangerous operation. So strong has this dread taken hold of the public mind that thousands refuse to eat small fruits when seeds have to be eaten with them. Grapes are all pitted by them, and blackberries, and even raspberries, with their small insidious seeds, are taken entirely from the bill of fare. The fact is that appendicitis occurs very rarely, and the percentage of people who eats fruits with seeds in them that are caught is insignificantly small. When the complaint does seize one it is not necessary to resort to an operation, except in severe cases, nor is it absolutely necessary to die. The most successful cure is to administer internally from one to two ounces of sweet oil every three hours until the pain and fever is relieved. The seed which causes the trouble irritates the muscular tissue so that congestion follows, and this may soon cause inflammation of a very serious character. Sweet oil administered in time and faithfully, allays the inflammatory condition, reduces temperature and relaxes the tension of the muscular coating of the intestines and appendix. Besides that it takes seeds or all foreign substances with it and effects a complete cure. The patient should be kept in bed and poultices should be applied very hot over the seat of pain.—*Times and Register.*

The Souvenir Herald.—Since issuing the last number of THE MEDICAL HERALD, complimentary to the Missouri Valley Medical Association, the editor and manager have received many tokens of appreciation, especially in the form of subscriptions from the Society members. It is extremely gratifying to know that one's efforts are so highly appreciated, and we can not refrain from appending herewith a few of the many kind expressions that have been received at our office. The best letters are from Dr. Donald Macrae, the "Father" of the Missouri Valley Medical Society, and Dr. F. S. Thomas, president-elect; while the third one shows the reception the HERALD was accorded in the East.

Council Bluffs, Iowa, October 24, 1895.

Mr. CHARLES WOOD FASSETT, St. Joseph, Mo.

My Dear Sir:—Allow me to offer you my congratulations and warmest thanks for the magnificent issues of the MEDICAL HERALD detailing the Itinerary and Meeting of the Medical Society of the Missouri Valley, together with a delightfully interesting account of our trip to Hot Springs, South Dakota and return. Such enterprise demands success. I am also grateful to you for the many personal favors which you were thoughtful enough to render me. Yours very truly, DONALD MACRAE, M. D.

Council Bluffs, Iowa, October 20, 95.

My Dear FASSETT:

We all wish to congratulate you upon your October issue of the MEDICAL HERALD. You have done yourself proud, and we appreciate it very highly. F. S. THOMAS, M. D.

Office of The Polyclinic, 218 E. Thirty-Fourth, New York City, October 26, '95

Mr. CHARLES WOOD FASSETT,

Dear Sir:—Please permit me to congratulate you upon the most excellent write-up of your trip to Hot Springs. It is a really a pleasure to read such an article in the usually prosy pages of a Medical Journal. Yours very truly, FERDINAND KING, M. D.

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IN THE JOURNALISTIC REALM

The Texas Medical News has succeeded in name the Texas Sanitarian.

Change in Name.—The Medical Advance, Chicago, will be known hereafter as The Hahnmannian Monthly.

The Virginia Medical Monthly, after thirty-two years of monthly issue, will, after April 1, 1896, greet its readers twice a month; we congratulate Dr. Edwards and his subscribers.

The Peoria Medical Journal, under the editorship of Dr. Thos. M. McIlvaine, will appear January 1st. Published by Mr. Maurice Rice, 110 S. Washington Street, Peoria, Illinois.

The Cleveland Medical Gazette.—This enterprising journal reaches us this month in a new dress and modern make-up, and can now compare with the most artistic of America's Medical Magazines.

The Christmas Herald will contain interesting papers from the pens of Drs. Byron Robinson and Lucy Waite, Chicago; Dr. N. L. Blesh, Guthrie, Oklahoma; Dr. Daniel Morton, St. Joseph; and Dr. A. L. Wright, Carroll, Iowa.

The Index Medicus is in a fair way to be revived, the necessary amount to sustain it having been nearly guaranteed. We hope the work will be taken up at the date of suspension, so that no break will occur in this great medical history.

The American Medical Review, by the R. N. Plummer Company, makes its appearance the present month. Dr. Daniel Lewis, of New York is to be the managing editor, which fact insures a readable journal, and from the artistic title page sent out we may expect a perfect magazine typographically.

Profitable Advertising.—The many applications for sample copies, and subsequent subscriptions, received in answer to our advertisement in the Alkaloidal Clinic, is an indication that this enterprising monthly not only has a large circulation, but goes to an appreciative and progressive class of medical men—those, in a word, who "know a good thing when they see it."

The Medical Herald, one of our most interesting exchanges, has secured the privilege for its representative in France to reproduce some of the grand and rare old pictures found at Nice and in Paris. There will be some fifty subjects in the collection, none of which have ever been produced in America. The manager of the MEDICAL HERALD, Mr. Chas. Wood Fassett, shows great tact and energy in directing the affairs of that journal.—Virginia Medical Monthly.

Missouri Press Meeting.—The Annual Meeting of the Missouri Press Association occurred at Pertle Springs, October 26, 27, and 28. After a most interesting and profitable session, an excursion was taken to Atlanta, Ga., where its members enjoyed the hospitality of the management of the Cotton States Exposition. The railroads contributing to the pleasure of the trip were the Missouri Pacific, Louisville and Nashville, and the Nashville, Chattanooga and St. Louis. Following is the list of officers elected: H. E. Robinson, Maryville "Republican," president; H. C. Burckhartt, Windsor "Review," first vice president; E. E. Bern, Brookfield "Argus," second vice president; H. F. Childers, Troy "Free Press," third vice president; Lon Luther, Lamont "Record," recording secretary; R. M. White, Mexico "Ledger," corresponding secretary: W. L. Thomas, St. Louis "School and Home," treasurer. On the return trip many of the delegates stopped over at Chattanooga, and visited the famous battle fields of Chicamauga and Lookout Mountain, being royally entertained at the "Lookout Inn," one of the finest resort hotels in the United States.

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Protect Your Advertisements.—We have, upon numerous occasions, called the attention of our advertisers to the importance of properly packing their electrotypes when sending them by mail or express. We rarely receive a new plate from Schieffelin & Co., or Tilden Co. in good order. The border is invariably broken, or the corners battered, and then the "poor printer" is blamed for the defective printing. If a piece of heavy straw or tar board were cut *one-quarter of an inch larger* than the cut to be shipped this would all be obviated. Many houses use a board covering for their cuts, but they are cut exactly the same size of the plate, and therefore afford no protection whatever to the *corners*. THE HERALD prides itself upon the typographical excellence of its advertising pages, and would esteem it a favor if all its patrons would exercise more care in packing the electros sent it

The Century for the Coming Year.—*The Century Magazine* celebrates its quarter-centennial in its November issue with an "Anniversary Number." In honor of the occasion it dons a new dress of type, with new headings, etc., and it appears in a new an artistic cover. Although *The Century* has reached an age that is unusual among American magazines, it continues to show the youthful vigor and enterprise that have always characterized it. The programe that has been arranged for the coming year contains a number of enteresting features. Much has already been written concerning Mrs. Humphrey Ward's new novel, "Sir George Tressady," which has been secured for its pages. There was a very spirited bidding for this novel on the part of several prominent publishers, with the result that the author will probably realize from the serial and book rights of it one of the largest sums that hasyet been given for a work of fiction in the English language. The story describes life in an English country-house, and also touches somewhat on industrial questions. It begins in the November number with an account of an English parliamentary election. It will be the leading feature in fiction for the coming twelve months, other and shorter novels being contributed by W. D. Howells, F. Hopkinson Smith, Mary Hallock Foote, and Amela E. Barr. There will also be contributions from Mark Twain and Rudyard Kipling (the latter furnishing to the Christmas *Century* one of the most powerful stories he has ever written); a series of articles on the great naval engagements of Nelson, by Captain Alfred T. Mahan, author of "Influence of Sea Power upon History;" three brilliant articles on Rome, contributed by Marion Crawford, and suberbly illustrated by Castalgne, who made the famous World's Fair pictures in The *Century;* a series of articles by George Kennan, author of "Siberia and the Exile System," on the Mountains and Mountaineers of the Eastern Caucasus, describing a little-known people; by Henry M. Stanley and the late E. J. Glave on Africa; a series of papers on "The Administration of the Cities of the United States," by Dr. Albert Shaw. *The Century* will publish during the year a great number of papers on art subjects, richly illustrated. Prof. Sloan's "Life of Napoleon," with its wealth of illustration, will reach its most enteresting part, —the rise of the conqueror to the height of his power, and his final overthrow and exile. In order that new subscribers may obtain the whole of this momumental work, the publishers have made a rate of $5.00, for which one can have a year's subscription from November, '95, and all of the numbers for the past twelve, from the beginning of Prof. Sloane's history.

Ammonol.—Ammonol is the name given to ammoniated phenylactamide. The ammonia is evidently loosely combined, since a sample of the slightly yellowish amorphous powder which was submitted to us smelt strongly of ammonia. It accordingly behaves as a stimulant as well as an antipyretic and analgesic, thus differing from the almost numberless coal-tar derivatives and antipyretics with which modern pharmacology is deluged. Ammonol has been used chiefly in the relief of rheumatism and neuralgic pains, and in the treatment of sequelæ of alcholic excess. The presence of ammonia in a more or less free state gives it additional properties as an expectorant, diuretic, and a corrective of hyper-acidity. Ammonol is also prepared in the form of salicylate, bromide, and peptonate.—The London Lancet.

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CONCERNING THE DOCTOR

Professor Hoppe Sevler, of the University of Strasburg, died on August 20, 1895.

The A. L. Hummel Advertising Agency has been incorporated in New York City.

Dr. Chas. G. Geiger has returned from Europe, where he spent the summer in the hospitals of Germany and Austria.

Dr. Geo. M. Staples, an old and respected practitioner of Dubuque, Iowa, passed away recently. Dr. Staples graduated from the Medical Department of Harvard University in 1855.

Dr. A. L. Wright, of Carroll, Iowa, who has recently returned from Europe, will contribute a series of papers to the HERALD, in which will be portrayed "The Status of Abdominal Surgery in the European Hospitals."

Drs. Hargens and Adams of Hot Springs, S. D., are enjoying a hunt in the Sand-hill regions of Nebraska, and judging from the number of birds flying this way of late, are making their presence both heard and felt.

Dr. Basil Norris, a retired army surgeon, who resided for many years at Washington, D. C., died in San Francisco, November 9th. Dr. Norris served through the civil war and attended General Grant through several campaigns. He retired with the rank of colonel.

A Practical Doctor.—Wife—Well, Doctor, how is it with my husband? Doctor—Fair to middling, so to speak; he wants rest above all things. I have written out a prescription for an opiate. Wife—And when must I give him the medicine? Doctor—Him? The medicine is for you, madam.

Dr. Rumbold's Return.—We are more than glad to note the return of our highly esteemed friend, Dr. Thos. F. Rumbold to his first love, who has again domiciled himself in the "Future Great," and has taken an office in the Union Trust Building. We felt when he left St. Louis for San Francisco that he was a kind of prodigal; but we now greet him with the feast of the fatted calf.

Not Harry Hugely.—The body of the burglar who was shot at New Market, Mo., by Dr. J. M. Hale, has been exhumed by request of a representative of the Boston Millionaire. Col. H. C. Whitely, formerly chief of the United States Secret Service, was called to Weston to confirm the identification of the remains as being that of the son of the Millionaire Hugely, of Boston, but after examination the Colonel pronounced it a mistake, as the dead man bore no resemblance whatever to Harry Hugely, with whom Col. Whitely has been acquainted since childhood. The identity of the dead man therefore is wreathed in mystery.

To Nurse the Lepers.—Catherine Carr, the head nurse at St. Mary's Hospital of Evansville, Ind., has volunteered to go to a living death. A leper hospital is being built at New Orleans, and she has engaged to go as head nurse. The Catholic Sisters are building the hospital, which will be the only one of the kind in America, and being unable to get nurses in the regular way, sent out circulars and advertised in the Catholic papers for volunteers. One of the papers fell into the hands of Miss Carr. She is a young woman who was graduated at a Boston training school in April, 1894. During her course of training in Boston she unconsciously nursed a case of leprosy for several weeks before the doctors properly diagnosed it. She continued in her care of the patient until the death of the young woman.

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THE GOLDEN BELT MEDICAL SOCIETY.

The Golden Belt Medical Society met, for its regular Fall session, in the parlors of the Montezuma Hotel, in Solomon, Kansas, Thursday, October 3, 1895. In the absence of the president, Dr. E. E. Hazlett, Dr. Sheldon moved that Dr. O. F. Searl, of Solomon, act as president *pro tempore*. Carried.

On motion of Dr. Felty, the president appointed a committee consisting of Drs. Felty, Neptune and Sheldon, to formulate suitable resolutions on the death of Dr. T. N. Gunn of Chapman.

On motion of Dr. Felty the privilege of the floor was given to visitors.

No business coming before the society and the reading of papers being called for, Dr. J. W. Felty of Abilene, responded with a short paper, followed by a demonstration, on " A Unique Method of Treating Fistula in Ano." Discussion followed the reading of this paper, participated in by Drs. Sheldon and Felty.

Dr. J. W. Neptune of Chapman, read a carefully prepared paper entitled "Puerpera", which was discussed by Drs. LaFevre, Sheldon, Brooks and Neptune.

Dr. O. F. Searl of Solomon, next read a paper under the caption of "Abortion." Discussed by Drs. Sheldon, Hawthorn, Neptune, Fowler, LaFevre and Searl.

Adjourned to meet at the same place at 8:00 P. M.

Dr. Searl again calling the society to order, Dr. W. B. Dewees of Salina, read a paper, "Preputial Adhesions of the Glans Clitoridis." Discussed by Drs. Sheldon, Harvey, Murphy, Fowler and Dewees.

This was followed by Dr. E. W. Hawthorn of New Cambria, on "Intestinal Obstruction." Discussion ensued, Drs. Dewees, Fowler, Harvey, Murphy, Sheldon and Hawthorn, taking part.

On motion of Drs. LaFevre and Dewees, Drs. Leonard Freeman and J. W. Hawkins, both of Denver, Colo., were, by unanimous acclamation, elected to honorary membership.

After some discussion, Abilene was chosen as the place of next meeting, to be held the first Thursday in January, 1896.

Thus ended another very profitable and highly interesting meeting of this Society, one in which each present felt himself amply repaid for any sacrifice he had made in order to attend.

Those present were:—Drs. Dewees and Harvey, Salina; Fowler, Brookville; Neptune, Chapman; LaFevre and Felty, Abilene; Hawthorn, New Cambria; Brooks, Enterprise; Murphy, Minneapolis; Sheldon, Topeka; and Searl and Mr. Collins, Solomon.

Respectfully, E. B. LaFevre, M. D., Secretary.

NORTHERN KANSAS MEDICAL SOCIETY.

The Northern Kansas Medical Society met at Seneca, Kansas, November 7th, 1895, Dr. W. E. Ham, Presiding. Dr. Samuel Murdock, Jr., Secretary.

The following papers were read: "Remarks on Refraction and Accommodation," by N. Hayes, M. D., Seneca. "Pruritus Ani," Daniel Morton, M. D., St. Joseph. "Ventral Hernia, Pregnant Uterus, Death," Dr. J. F. Lesh, Seneca. Each of these papers was discussed.

Dr. Barton Pitts, of St. Joseph, Mo., held a clinic, operating for strabismus and for obstructed tear duct.

Several cases presented to the Society for diagnosis, which were discussed by Dr. Jacob Geiger and others.

Dr. Lesh's paper was one of particular interest, because of the great variety of the conditions described. We hope to have it for publication in our next issue.

The meeting was brought to sudden close by the sad tidings of the death of a brother of Dr. Ham, the President. Expressions of sympathy were heard on all sides for Dr. Ham, and the members did all in their power to show their regard for him in his time of trouble. Mr. Ham was a young man, and night operator at Seneca, who, in a fit of despondency, took his own life. No night session was held.

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THE MEDICAL HERALD

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THE HERALD' circulation being among a class of physicians who PAY THEIR UB CRIPTIONS (and consequently READ each issue), this journal naturally offers the best opportunity to those advertisers who desire to reach the thrifty and progressive practitioners of the West and South.

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The Christmas Herald will be issued on December 10th, and all copy for advertising intended for this number must be on hand by November 30th.

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Wanted.—A young physician, who can register as Pharmacist, to go to a thriving South-Western town. Good salary and steady position to right man. Address: E. T. O. Care MEDICAL HERALD Co.

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Hepatic Torpor.—A few months ago I was suffering from hepatic torpor and I am happy to say that after taking two bottles of Peacock's Chionia I feel greatly relieved, and that Chionia has done me more good than any other preparation I have ever used. In hepatic disorders I shall always give it preference to other remedies, knowing its therapeutic value. T. ED DEPONDROM, M. D., Chicago, Ill.

For General Surgical work, Dr. Samuel Roome, lecturer of Surgery, New York Post-Graduate, writes as follows: Gentlemen:—The formula of unguentine at once caught my eye, and I have used it quite extensively since. In burns, scalds, cuts, excoriations, simple ulcers, and inflammatory skin affections, I find it works admirably. Will use it frequently in the future.

Sander & Son's Eucalypti Extract (Eucalyptol).—In the article treating on inhalations of eucalyptus in cases of diphtheritis (Berlin *Klin. Wochenschrift*, 1876, No. 21) by Prof. Dr. Mosler, Director of the Medical clinic of the University at Griefswald, it is stated: "The oleum eucalypti folies, I employed in my tests, I received through Holzle & Chelius, Frankfort-on-the-Main; it must not be mistaken for the more frequently offered oleum eucalypti australe which is obtained from the wood of the eucalyptus trees. This latter oil is used commonly for mechanical purposes and has a far cheaper price; it is, however, no longer applied by me as an internal medicament." We certify that the oleum eucalypti folies named in the Berlin *Klin Wochenscrift*, 1879, No. 21, and there mentioned to have been procured from us, was the product of Messrs. Sander & Sons, Sandhurst, Australia. Holzle & Chelius, Frankfort-on-the-Main, Agents.

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Eggs and Bicycles.—Did you ever notice that there are different grades of eggs? Some incorporate the latter and fresher ideas, same as the Knight wheel. Science has done her best and the Knight is the result. It is the bicycle of the year. Have you seen that 19 pounder at 311 N. 14th St.? Send stamp for catalogue. KNIGHT CYCLE CO., 311 N. 14th St., St. Louis, Mo.

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Best for General Use.—I have no hesitation in recommending the Globe Nebulizer as exceeding valuable in any doctor's armamentarium, especially if he treats diseases of the throat, bronchial tubes, etc. I have found it particularly valuable in acute inflammation of the throat, larynx, and bronchial tubes, in allaying the irritation, discomfort, and cough. It is also useful in treating diseases of the middle ear. Very truly yours, J. A. WHITE, M. D., Richmond, Va.

Dyspepsia Anorexhia.—My wife suffered for a long time with dyspepsia anorexhia and "that tired feeling" accompanying such ailments. Finally I gave her Maltopepsine in both the elixir and powdered form, and I am gratified to say that all these symptoms vanished under its magic touch. I am using Maltopepsine very extensively in all forms of indigestion with satisfactory results. In cholera infantum it stands pre-eminently above any known remedy in the treatment of this disease.—Francis I. Leonard, M. D., Brooklyn, N. Y.

The Mulford Anti-Toxic Serum.—It is interesting to note the very gratfying reports recently received from those physicians who are using the Serum treatment in diphtheria. That of Dr. Edward Rosenthal, of Philadelphia, contains statistics of unusual results—the Doctor having treated over seventy-two cases of diphtheria without a single death. In addition to this, he immunized over two hundred persons without having had the disease contracted, although in many instances they remained in the same room with the contagion. Another feature of the reports, and one that speaks well for the superiority of the Mulford anti-toxic serum, is the entire absence of urticaria, or other skin troubles, which are so frequently noticed after the use of the foreign serums. Dr. Joseph McFarland, who has charge of the Mulford Bacteriological Laboratory, is now in Germany pursuing his investigations of the serum treatment.

Melachol.—Dr. M. H. Sexton of Kansas City, in a recent discussion on proprietary medicines, before the District Medical Society, said: "The doctor mentioned 'melachol.' The dose is one teaspoonful instead of one tablespoonful; that makes a difference; there would be ninety-six doses for seventy-five cents, and there are not very many druggists in this town who will furnish ninety-six doses of any thing for seventy-five cents. I consider that the druggists charge just about as much if they prepared these things, and they are not nearly so palatable. I do not think they could take the stated ingredients and put it up anything like as good shape as the 'melachol'. This is due to the scientific way in which it is prepared; there is no secret about it. They tell you what is in it, and you can use your pleasure about prescribing it. If you wrote that prescription and sent it to the druggist, it would cost just as much. I have prescribed 'melachol' frequently, and gotten good results, usually in teaspoonful doses, and sometimes larger. I give whatever I think is best for the patient, whether the preparation is prepared in Kansas City or not.

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THE MEDICAL HERALD

A PRACTICAL MONTHLY JOURNAL OF THE MEDICAL SCIENCES.

HIRAM CHRISTOPHER, M. D., Editor.

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Contributed Articles

[EXCLUSIVELY FOR THE MEDICAL HERALD.]

The Treatment of Interstitial Uterine Myomata.

BY LUCY WAITE, A. M., M. D., CHICAGO, ILL.

NO branch of gynecological study so taxes the skill and judgment of the surgeon as does the treatment of the interstitial variety of uterine myoma. The sub-mucous and the sub-peritoneal growths are easily disposed of theoretically, at least, but when the question of the treatment of the growth involves always the uterus, it becomes, indeed, a puzzling one. It is interesting to note the gradual evolution in the different methods employed in dealing with this most perplexing condition. When Trenholme published, in 1876, the report of his first case of "induction of artificial menopause by oöphorectomy" in uterine fibroma, the surgical world was torn in twain, some holding that this new operation definitely settled the question; others being horrified at the mutilation and destruction of healthy organs. The terror of the alarmist, however, in this instance, did not prove the worst enemy to the operation. The results did not show uniform success in stopping

LUCY WAITE, A. M., M. D.

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even the hemorrhages, and in a number of recorded cases the mass increased in size and became pathologically degenerated. Furthermore, the mortality rate was not at all encouraging for so simple an operation, there being six deaths in the first seventeen recorded cases. Trenholme was followed very closely by Hegar in applying oöphorectomy to this class of cases. Thomas and Grailly Hewitt it took up not long after, advocating it as an alternative to hysterectomy. Skein in 1889, wrote that "Removal of the ovaries for severe hemorrhage has given satisfactory results," but adds, "the operation is still on trial."

In our own country, Battey did the first operation (1882) in the face of almost certain professional ostracism. In an address delivered only a few years ago, he described the situation in the following graphic manner: "Whilst engaged in nursing assiduously, as I did my first patient, spending ten days at her bedside, without leaving the house for a moment, even for a change of linen, during this time of great suspense and anxiety, in the office of one of my brother practitioners, were held nightly meetings of the profession of the town, receiving reports on the condition of my patient, awaiting her demise with anxious longings in order to institute proceedings in our court, and put me before the bar as a criminal." Pozzi in his new work discusses only two surgical measures in connection with this condition; namely, hysterectomy and oöphorectomy. When Apostoli first announced his treatment of fibroids by the galvanic current, the professional world was again divided by a great chasm, the large majority being on the so-called conservative side, who dubbed the modest investigator a "quack." Even during my own stay in his clinic in the year 1887, it was as much as to write oneself a fool to be known as an habitue of the dirty, dark and shaky old building in the purliens of Paris, where at that time he held his enormous clinics and worked out his theories in electro-therapeutics. Those who were brave enough to scorn the opinion of their fellows and follow his "sittings," as he called them, closely, picked up many a nugget of gold, not only in regard to the treatment of fibroids, but in other departments of gynecology as well. Granting, however, all that even Dr. Apostoli claims for electricity in fibroids, there are so many cases beyond its reach that in reality many times it comes in only as a factor to complicate the matter and make a decision as respects the proper treatment in a given case, the harder. In our own country, Dr. Byron Robinson has added to the surgical procedures applicable to fibroids, the tying of the uterine arteries down to the cervix as they course through the broad ligaments, in addition to the removal of the tubes and ovaries, In sixty-five recorded cases of tying the arteries after removal of the appendages for different reasons, only one case of continued menstruation has come to our notice. As I have now under treatment three cases of hemorrhage continuing after removal of the appendages without tying the arteries, we feel warranted in concluding that there are at least only a few cases of continued menstruation among the sixty-five cases, else we should have heard from them. Dr. Franklin Martin ties the uterine arteries through the vagina for hemorrhages in fibroids, and has reported good results in a number of cases of interstitial fibroids of the uterus. The treatment then, in brief, is reduced to the following methods:

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1. Electricity. 2. Hysterectomy. 3. Oöphorectomy for induction of artificial menopause. 4. Oöphorectomy with tying of uterine arteries. 5. Tying of uterine arteries through the vagina.

What have we to expect from electricity, and when should it be the chosen method? Surely when pain and hemorrhage are prominent symptoms and the age or condition of the patient put the odds against her surviving any form of operation, we may confidently expect to lesson both the pain and the hemorrhage. Others I know go much further than this, and think that electricity should be tried in all cases before resorting to the knife. I am, however, convinced that much valuable time is lost in many cases favorable for operative procedures by endeavoring to lessen the size of tumor under electricity. Where conditions are favorable for operative measures, and the patient bids fair to withstand the shock, I believe it is the duty of the surgeon to advise and to proceed as soon as possible to apply the ideal remedy for uterine fibroids—hysterectomy.

There is, however, a large class of cases not covered by these conditions, calling for either electricity or hysterectomy, cases where there is little or no pelvic pain, with or without hemorrhage; but where the whole system has been shattered by this constant local irritation acting reflexly on all the vital organs. The kidneys secrete spasmodically, the heart is irregular, the liver has lost its rhythm, and the stomach works only when unduly stimulated. It is here where an operation lasting 15 to 20 minutes, which produces no particular shock to the nervous system, is indicated, when an hour's manipulation and prolonged anesthesia would be entirely unjustifiable. Removal of tubes and ovaries if not badly adherent and tying both uterine arteries can be done in so short a time, that, if no infection is introduced into the peritoneal cavity, the patient is subjected to the minimum of danger. Of fourteen hysterectomies done during the past twelve months, five were for interstitial fibroids; these all made good recoveries. In the three cases of fibroids, where I removed the appendages and tied the uterine arteries down to the neck, two recovered with a remarkable shrinkage of the tumor in a few months, the third dying of nephritis on the eighth day after the operation. This was a very anemic patient, having been subject to profuse hemorrhage for over two years. The kidneys were in a bad condition, and I believe it to have been an error in judgment in making the operation at that time. The patient was about her household duties when I was called to see her, but I did not realize her extreme weakness and anemic condition until after the operation. The sad lesson I learned in this case was to make a more careful examination of the general condition before deciding on any form of operation. As I look back, I believe this case should have been put on electricity, and the hemorrhage controlled until the patient had been given a chance to build up generally, even if it had been necessary to resort to operative procedures later.

In regard to electricity, I do not claim to speak from my own experience as much as from observation of the work of others. I have, however, six recently recorded cases where marked relief of all symptoms has followed the use of the galvanic current. In none of them, however, can I distingush any shrinkage of the tumor, the largest being the size of a child's

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head. This case I have urged to an operation, and she has promised to go into the hospital next month. Another is that of a young woman who is in the midst of studies she is anxious to complete this year, and does not want to submit to an operation on that account at present. Under electricity she is so much relieved of pain and hemorrhage that she is enabled to continue her studies. The pressure symptoms are, however, at times annoying. A third is that of a professional woman who is nearing the menopause, and I am trying to tide her over this period by means of electricity and constitutional treatment. She objects most seriously to an operation. My own experience, however, pales into insignificance beside the work of the master, Apostoli, which I had the rare privilege of following six months. There I saw case after case improve symptomatically in what seems an incredible short time. Quite a number decreased materially in size, but I cannot remember one case where the tumor disappeared entirely. Apostoli, himself, in his later writings, is claiming less for electricity as an alternative to the knife; but his more mature experience seems to have but strengthened his faith in its power to lessen pain and hemorrhage.

Although this puzzling question of the treatment of interstitial myoma will probably never be settled, yet it seems to me, in the light of our present knowledge, that we may conclude that the ideal treatment is the radical operation, viz: hysterectomy, that, failing in this, good results may be expected from the less radical, but in certain cases safer, operation—oöphorectomy, with tying of the uterine arteries down to the cervix; that, in electricity, we have a remedial agent of great value in lessening pain and hemorrhage in those cases eithea inoperable or where circumstances make it impossible or inadvisable to recommend a radical operation.

Practical Dietetics.—(By W. Gilman Thompson, M. D., Professor of Materia Medica, Therapeutics, and Clinical Medicine in the University of the City of New York, Visiting Physician to the Presbyterian and Bellevue Hospital, etc., pages 142 and 143.)—"Diastase is a vegetable ferment which has the property of converting starchy foods into a soluble material called maltose. Like the ferments in the saliva and pancreatic juice, it acts in alkaline solution, but, unlike them, it continues to operate in acid media and, therefore, its action is not disturbed by the gastric juice. Diastase is a peculiar substance which causes the ripening of fruits and vegetables by converting their starches into dextrine and sugars; hence fruit becomes more and more digestible as it ripens. Maltine is made from three cereals, barley, wheat and oats. *It is rich in diastase.* It may be taken either plain, with cod liver oil, with coca wine, with pancreatin, with hypophosphites, etc., in tuberculosis and other diseases."

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Operation for Ectopic Pregnancy at the Tenth Month of Gestation.

By BYRON ROBINSON, B. S., M. D., Chicago, Ill.

Professor of Gynecology in the Chicago Post-Graduate School of Medicine.

RUPTURED ectopic pregnancy with a full grown fetus in the abdominal cavity is a rare condition. The case here reported is so instructive that I will give it in brief. The patient was sent to me by Dr. J. L. Rhoades, of Plainfield, Wisconsin, in May, 1895. My diagnosis was pregnancy and a tumor of some nature, perhaps ovarian. I refused to operate at that time and the patient returned home. In September she came back to me and I called Dr. H. P. Merriman, of Chicago, in consultation. It was agreed that the patient was pregnant and that there was also a tumor filling up the pelvis. No fetal heart sounds were audible. I operated, assisted by Dr. H. P. Merriman and Dr. Lucy Waite. On opening the peritoneal cavity the following conditions presented: The pregnancy had ruptured so far as could be found from the left tube, i. e., into the broad ligament, perhaps at the second month, when she was taken ill and remained in bed some time. She distinctly reported that she was back always ill afterward, though walking about. The fetus lay with the head toward the xiphiod appendix and almost in contact with it, though of course behind and outside of the peritoneum. The head lay in the right iliac fossa, the buttox in the pelvis with the placenta. The fetus and placenta were outside of or behind the peritoneum and to reach it I cut through the anterior parietal peritoneum and also the dorsal peritoneum. The growing fetus had expanded the left broad ligament and raised it above the navel. The small intestines were raised upward and compressed into a small pocket under the liver. Never have I seen a peritoneum so widely dissected from the abdominal wall. Square feet of peritoneum were separated from the abdominal walls and the consequent irritation had thickened the peritoneum to 3 to 7 times its normal state. A kind of chronic granular peritonitis existed on the peritoneum covering the small intestines. The uterus itself was normal in size. I extracted the fetus through an opening in the dorsal peritoneum and then dug out as much of the placenta as I thought wise. The

Dr. Byron Robinson.

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placenta had its site in the left pelvic floor below the peritoneum on the cellular tissue. The excessive peritoneum of the dorsal wall I utilized as a drain tube and stitched it to the abdominal wall so that I was really not draining the peritoneal cavity, but an immense cavity between the dorsal peritoneum and the dorsal wall. I then placed a rubber drain-tube above this opening to drain the peritoneal cavity itself. The peritoneum which was dissected from its wall was very friable and brittle and it tore so easily that one could push the finger through it. The placenta site did not bleed. The fetus had, no doubt, been dead two months, so that the placenta was not in active circulation. The patient went on for three days quite well with pulse 90 to 100, and temperature 99 to 101 (rectum). On the morning of the fourth day very suddenly a septic diarrhea began, the pulse rapidly increased to 120 and the temperature to 104 (rectum) and she died on the sixth day. It must be remembered that the patient had been ill for four months. Her system had been weakened and she returned to the Hospital only on account of her physical agony. I know of nothing which I could have done differently in the operation which would have changed the results. I have seen other similar operations, so that the case was neither novel or new. I performed the operation systematically. I had hoped that we had operated at an opportune moment, when the child had been dead long enough to give the placenta circulation time to die.

Pruritus Ani.

By DANIEL MORTON, M. D., St. Joseph, Mo.
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READ BEFORE THE MEDICAL ASSOCIATION OF THE MISSOURI VALLEY, COUNCIL BLUFFS, IOWA, SEPT, 19TH, 1895, AND BEFORE THE NORTHERN KANSAS MEDICAL SOCIETY, SENECA, KAN., NOV. 7TH, 1895.

To a layman an itching anus means piles; to a doctor it should be a note of warning indicating that something is wrong in the region of the rectum. I believe that pruritis ani is more frequently a symptom than a disease. In fact, I very much doubt the existence of such a disease. I, therefore, invite your attention to some of the many causes that may produce itching of the anus.

Dirt. There are many persons who are dirty, not from love of dirt, but because of carelessness in cleansing after evacuation of bowels. Many of these persons do not really know that the anal region is constantly soiled with feces. Were you to mention such untidiness to them they would be offended. Scrupulously clean in every other respect, they are unconsciously filthy in their habits of defecation. Fecal matter is an irritant to skin, and in the anal region will cause a dermatitis, with itching for its symptom.

Closeness of Buttock Fold. The widest diversity of buttock fold exists. In some the crack is open to inspection to the very bottom, in others the

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buttocks must be gently separated, while in still others considerable force is necessary in order to reveal the anus to inspection. Persons with large buttocks are more apt than others not so formed to suffer from itching of the anus. This is particularly true of summer, when the skin is bathed in perspiration. No proper drainage is afforded because of the juxtaposition of the parts. The crotch of the drawers becomes saturated with effete material from skin and anus, and the constant friction of walking, irritates the nerve end-filaments, with consequent sensory and trophic disturbances.

Excessive Growth of Hairs. The anal region of some persons is absolutely devoid of hair, and from this phase to an excessive growth there are many degrees in the amount. The two extremes are the ones most favorable to the production of a condition causing itching. Lack of hair allows the folds to come in contact and hence impairs perspiration drainage. Excessive amount of hair acts as a retainer of fecal matter. It is also very apt to become bent and inverted, producing a condition similar in some respects to entropium. Such a viscious displacement of the hair follicles causes the end of the hair to be turned upon the sensitive muco-cutaneous surface of the anus and produces a tickling that is unbearable. Any one who is subject to the itching of long hairs in the nostril can appreciate the above condition. A proper amount of hair, not too much, not too little, is a desirable thing for the anal region, but a departure in either direction from the normal is apt to produce irritation.

Toilet Papers. Papers of all kinds are used for cleansing purposes after defecation. Detergents are not confined to papers, however. In country districts all kinds of articles are used, leaves, corncobs, sticks, etc. Printers' ink as found upon newspapers is, however, the most injurious of all the articles mentioned above. Continuously used, it will eventually produce an irritation of the anal region, manifested by pruritus. In the so-called "medicated toilet papers" I have very little confidence, but the ordinary tissue paper sold in all drug stores, is perhaps as available and as harmless a detergent as can be secured. When possible, cleansing with water is the method par excellence, but with many the method is impracticable.

Parasites. Intestinal worms may cause itching at the anus, but the most common parasite in the region of the rectum is the oxyuris vermicularis, called by the various names of seat worm, thread worm, pin worm. They cause great irritation, and while chiefly confined to children are, nevertheless, found in adults. It is at night that they cause the greatest annoyance. Infection may occur through the water, but the parasite inhabits only the rectum and colon of man. On account of the ova reinfection may occur.

Pediculi may take up their abode in the anal fold and cause the same disturbance as the parasite just mentioned.

Even vegetable parasites are found in this region and produce all the symptoms of those belonging to the animal kingdom.

Skin Diseases. Eczema occurs at the anal margin more frequently than any other skin disease. It is perhaps characterized by more itching when situated here than when situated upon other parts of the body. The retention of heat and moisture due to the anatomical structure of the parts is

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especially favorable to the development of this disease. There certainly can be no other location that makes its chief symptom, itching, so exasperating.

Herpes may occur at the end of the alimentary canal, just as it does at the beginning, the lips.

Local Diseases. Almost any existing rectal disease may be accompanied by pruritus, and the patient know of the existence of the pruritus only. This is especially true of disease accompanied by discharges, such as fistula in ano and rectal ulcers and fissures. Piles and polyps must not, however, be ruled out as exciting causes. In women irritating discharges from the genital tract often set up this trouble. Among them may be mentioned leucorrhea.

Constitutional States. While it is true that pruritus, in the majority of cases, can be traced to some of the above named local causes, yet it is equally true that cases do occur that can not be attributed to local etiological factors, but are due to certain constitutional states inherited or acquired. Diabetes, gouty diathesis and chronic alcoholic inebriety may be mentioned. Certain forms of dyspepsia, particularly that form due to a poor quality of bile, is a frequent causative factor of this class. I believe, however, that when no local cause exists a constitutional one does, and I am certain that treatment based on any other principle will be unsatisfactory.

It is thus seen that the causes of pruritus ani are manifold, and thus is explained the legion of remedies recommended for its relief. When once the cause is known indications for treatment will suggest themselves. I do do not care to give a long list of remedies or a longer one of prescriptions used in the treatment of this malady. I consider it as unreasonable to treat pruritus ani in such a manner as it is to prescribe for leucorrhea without searching for the underlying cause which is producing it.

But in all cases of any duration after the cause has been found and removed there is a local condition to be considered. The itching is accompanied with scratching, increased flow of blood, increased nutrition and hypertrophy of the corium and, consequently, increased sensitiveness because of the hypertrophy of papillæ of the skin containing nerve end filaments. The skin becomes thickened and thrown in folds and is described by many as being parchment like. This is doubtless true in some cases, but there are many cases in which the skin is moist instead of being dry and crisp like parchment. When these changes have once taken place in the skin the removal of the exciting cause is not always sufficient to cause the skin and mucous membrane to assume its normal condition. Such cases may require the extirpation of the abnormal tissue by means best adapted to each case.

Pruritus ani is, therefore, not a simple thing to treat. To the patient it is a terrific tormenter. Matthews states that he has known one case to end in insanity. The object of this paper is to call your attention to the principles underlying its treatment. I have purposely avoided reference to remedies. When one knows what one wants to do the remedy will suggest itself.

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Traumatism Involving the Brachical Plexus, with Remote Reflex Neuroses—Operation—Cure.

By A. L. BLESH, M. D., Guthrie, Ok.

THE principle involved in reflex nerve manifestations has been recognized in medical literature from early times. Those arising from irritation in the digestive track have always received ample attention at the hands of the profession, and justly so. Especially is this true in the case of infantile digestive disorders, which always give rise to distinct reflexes. In consequence the treatment is upon a rational basis, i. e., clearing out the offending factors by means of catharsis and following by the maintainance of intestinal antisepsis.

Even before the days of the antiseptic era, physicians had instinctively grasped the underlying principle, at least in a therapeutic sense.

But in many other directions the operation of this same principle is admitted reservedly or denied totally.

Essentially this matter of remote reflex disturbances due to some peripheral irritation, is difficult of positive demonstration in all cases, since its successful exposition depends on: 1st. An absolutely correct diagnosis; 2, on an adequate operative procedure for its removal.

The oculists, notwithstanding their too often extravagant claims, have done much to clear up the relation of eye-strain to many of these reflexes, and in consequence, have rendered curable many otherwise incurable and hopeless cases.

This field of research will always hold in high esteem the names of Graefe Stellwag, Donders and Stevens; and although the latter undoubtedly has laid claim to too much with regard to the positive cure of epilepsy and kindred neuropathies without reference to their origin, yet his work in a limited field has been invaluable. Even a decidedly "respectable and eminent" committee could not refrain from admitting as much.

As stated above, the value of any operative procedure looking towards relief and cure depends altogether upon absolute certainty of diagnosis, granting the operative procedure itself adequate. Another factor enters here—the *time element*.

The truth of the proposition manifestly holds only in cases of *functional* reflex neuroses. In those cases of relatively long standing, which have passed along into structural change, benefit, from the kind of operative procedure here discussed, could not reasonably be looked for. Here, in my opinion, is an often over-looked source of failure.

That continuous reflex irritation can initiate true *organic lesion*, can scarcely any longer be questioned.

Many failures, particularly in trigeminal reflexes, have arisen from one or the other of these causes, i. e., an inaccurate diagnosis, an inadequate operation, or a disregard of the time-element. As surgeons grow bolder ey become more successful in dealing with these troubles.

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Horsley has demonstrated this, and with the present perfected technique, even the removal of the Gasserian ganglion is not such a very formidable operation, particularly when one considers the piteable condition to which some of these sufferers are reduced.

One of the worst cases of physical and mental wreck I ever saw was one of these trigeminal neuralgia sufferers. Operation after operation had been done for her, with at most but temporary relief. I believe now that the removal of the Gesserian ganglion, if done early enough, would have relieved her.

In fhe realm of the reflexes peculiarly brilliant results are attainable in suitable cases, as well as the dismalest failures where due vigilance has not been observed.

Here applies, if anywhere in medicine, the dictum: "Be sure you are right, then go ahead."

To add one more to the list of successful cases, I append the following:

Case. E. E. H., aet. about 28 years, occupation at present, farmer, robust physique. Was first called to see him on the night of May 25.

Found him agonized with pain, which he explained as acute and lancinating, located in the cardiac region, radiating up along the neck to the back of the head and also down the arm. Gave history of recurring attacks for several years back. After careful questioning, I elicited the history of an injury to the shoulder by a "ganting" stick while working in the woods of Michigan several years ago. No bones were broken, but the shoulder was so severely wrenched and sprained that he was unable to use it for some time, and it never completely regained its strength.

Following the injury, in about 6 months, he had the first of these attacks, which confined itself to the arm and fore-arm, and they have been recurring with a rapidly increasing frequency and severity ever since.

I relieved him temporarily by the hypodermic administration of morphine and directed him, when recovered from the present attack to consult me at my office for further examination. In about a week he presented himself as requested, and during this examination, I succeeded in locating an exceedingly tender spot of about the size of a silver half dollar, situated in the brachial plexus opposite the middle third of the clavicle. I diagnosed injury of the plexus with probable entanglement of one or more cords of the plexus in cicatricial tissue at this point. Pressure here gave him much the same kind of radiating pains that he had during the attacks and made him very faint. I then called Dr. Alsdorf, of this city, in consultation, and he confirmed the diagnosis, and agreed with me that an operation offered the only hope of cure, to which the patient readily gave his assent.

With the assistance of Drs. Alsdorf and Neal and Mr. A. L. Tilton this was done.

Operation consisted in dissecting down to and exposing the brachial plexus for a distance of two inches over the site of injury.

The anterior branch of the plexus was found entangled in and constricted by bands of old cicatricial tissue of a rather firm texture.

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This scar tissue (the resultant undoubtedly of injury described above) was dissected out thoroughly and the nerve lifted from its bed and vigorously stretched.

Wound healed throughout by first intention, and up to date patient has been completely relieved and has gained in weight and been able to again resume his labor, which is of a very laborious nature. The arm and shoulder have regained their usual strength, and he states that he in no manner favors them, as before he was obliged to do.

708 W. Noble Ave.

Nucleins.

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READ BEFORE THE LITCHFIELD COUNTY MEDICAL SOCIETY, NORFOLK, CONN., JULY 9, 1895.

EVER since the application of bacteriology to scientific medicine, the biologists, the physiological chemists, and even the manufacturing chemists have tried to produce something out of the animal kingdom by which disease can be prevented and cured. In the list of substances produced we find immunizing serums, animal extracts, toxins, antitoxins, nucleins, etc. The antitoxin, so called, of diphtheria, and the nucleins are among the latter productions, and are now begging for a position among reliable therapeutic agents.

All of the host that have gone before are far from being established upon a satisfactory basis, either chemical, physiological, or clinical. The best that can be said of any of them is that, in experimental work, a few instances of more or less complete immunization in the lower animals have been noted. As yet, however, nothing definite has been accomplished in their application to man, and some, like tuberculin, have been complete and deadly failures. Among the animal extracts an exception may be made in favor of the extract of the thyroid gland, which appears to have a decided influence in modifying the clinical symptoms of myxedema. But even here it is not curative; it simply stays the progress of the disease, and permits of a partial recovery. So long as the patient continues to take the extract the symptoms are held in abeyance; withhold the extract, and all the symptoms at once return. How long these favorable results can be maintained is still awaiting final settlement. It should be remembered, however, in connection with these favorable results, that the exhibition of the thyroid extract often produces grave constitutional disturbances, and cannot always be tolerated with safety.

Of the toxins and antitoxins none of them has yet reached an indisputable position among the list of therapeutic agents. For a time the brilliant

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results claimed for the so-called antitoxin of diphtheria; which, however, is an absolutely unknown quantity as yet—made it appear that a grand discovery had been made, and one which would fully demonstrate the power of serum therapy, But as one closely scrutinizes both sides of this important question, and gets honestly at all the factors that enter into this involved problem, the evidence in favor of the value of antitoxin grows less and less certain, and one cannot but fear that it will ultimately prove a failure, as many of its predecessors have done.

This directly contradictory statement after the apparently overwhelming testimony in favor of the antitoxin treatment of diphtheria that was given to us by Professor Welch, may seem to require an apology or an explanation. In this instance, as with all scientific problems, there are two sides to the question, and careful scrutiny from different standards often results in entirely opposite deductions.

This morning the value of the antitoxin treatment of diphtheria was discussed chiefly from the standard of the biologist and statistician, and not so much from the clinical aspect. As we were told, antitoxin serum therapy in diphtheria rests upon a good and sound experimental foundation. But even with this backing final judgment as to its value has to be determined from a careful study of the statistical and clinical aspect of the disease as observed in the human subject, and not in the lower animals.

While fully aware that Professor Welch noted all the conditions and points which have a bearing upon this important subject, there are a few of them that require a little closer scrutiny before they can be fully accepted.

The clinician is interested chiefly in lowering the total mortality in disease, rather than in obtaining favorable results upon arbitrary standards and in selected cases.

If we review the statistics from all over the world we find that they are based upon this arbitrary bacteriological standard of the disease exclusively, and the clinical side in many instances appears to have been ignored completely.

That is to say the presence of the Klebs-Loeffler bacillus in the throat has constituted diphtheria even in the absence of all clinical manifestations. Clinically these cases should be excluded from the statistics, for there is no proof that they ever had or would have active diphtheria. If this is done the general mortality is at once raised. Then we have been told that in from thirty to forty per cent of the cases which have pseudo-membranes in the throat and upper air passages, and in which all the typical symptoms of diphtheria are present, no bacilli are to be found. Therefore these are not cases of diphtheria, and are excluded from the statistical tables. In this class of cases the mortality often runs quite high, and there is little doubt but that the Klebs-Loeffler bacillus is or has been present, but the bacilli has been overlooked in the examination. Nevertheless they have been excluded when they should have been added to the statistics. When this is done the general mortality is still further increased. Then the severe and moribund cases are excluded because they cannot be influenced by the antitoxin, but they should all be added to the general mortality list.

These cases are excluded from the study of the action of the antitoxin and justly so, because nothing will influence these intense toxic conditions

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of the system. These cases, however, dié of the diphtheria or its secondary infection and help to swell general mortality just as much as if they had been treated.

If we deduct from these statistics the cases which are free from clinical symptoms but have the bacilli in the throat simply, and add the other two classes just noted, the figures are decidedly altered. The mortality is raised, but just how much cannot be told until all these computations are exactly made.

What appears to have been done is to compare the mortality of the past when heroic and almost killing treatment was in universal practice. As total mortality in general diphtheria, all cases included, is not given in both instances the statistics are valueless, and practically mean nothing.

If at the end of two or three years it is demonstrated beyond dispute that the total mortality in diphtheria, all cases included, is absolutely ireduced, it may then be proved that antitoxin has been a favorable element n producing this result.

There is another factor, however, that must be eliminated before antitoxin is given all the credit. That is, how much of this lowered mortality is due directly to the more rational and scientific treatment of the disease as a whole, independent of the antitoxin? My impression is that this very great advance in the general treatment is a very large element in these results, much larger than is generally admitted.

One other point—the antitoxin of diphtheria influences only pure and simple Klebs-Loeffler bacillus diphtheria. It has no good effect upon the secondary and septic infections, which complicate or follow this disease. Pure and simple diphtheria in the human subject is a rare affection. Where it does occur the tendency is to recovers, as occurs in most infectious diseases.

Owing to the primary lesion of diphtheria being located in the throat or upper air passages, where it is impossible to institute a perfect antiseptic line of treatment, there is always a great tendency to have some pus-producing or other active germs introduced into the system through the breach in the mucus membranes caused by the diphtheria, thus causing a secondary toxic or septic condition of the animal economy. This, added to the primary infection from the diphtheria producing germ, is more than the system can tolerate, and in many instances death speedily ensues.

It is this secondary or septic infection which causes the clinician the most difficulty. The antitoxin, we are told, has no influence on this secondary condition, for it influences only the diphtheria poison.

Following closely all the literature upon this subject, and observing carefully the clinical side of this much involved problem, we are still inclined to believe that antitoxin is far from being established as a reliable therapeutic agent, and to fear that it will ultimately prove a failure when severely tested.

What, then, is the true position of the nucleins?

First of all it may be well to try and ascertain what nuclein is, and from whence it comes. Most of the substances already mentioned have been absolutely unknown quantities. Nuclein, however, appears to be a

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little more tangible substance, and one which has, in a measure, been formulated. It is described as a tetra-basic acid, composed of carbon, hydrogen, nitrogen, phosphorus, and oxygen, with the formula $C^{29}H^{49}N^{9}P^{3}O^{22}$.

The antecedent chemical substance, from which nuclein appears to be derived, is a complex molecule, apparently the product of a synthetic process in plant life by which a few atoms of phosphorus and iron are made to enter into combination with the proteid molecule. This more complex molecule has received the name nucleo albumin. From this anabolic origin in the vegetable kingdom this compound gains access, as do the proteids, to the animal tissues, and here it appears to be deposited by preference of Nature in the protoplasm or nuclei of the cells. It is also found in the secretions, and is then spoken of as destroyed or altered protoplasm. In some instances this may be true, but in other instances, as when it appears in milk and in the yolk of eggs, it can hardly be spoken of justly as destroyed protoplasm, for this is tne only source of phosphorus and iron during the period of life, when milk is the only form of food supplied to the animal economy. It may be altered, it may exist in another isomeric form, but there is a wide difference between destroyed and isomerically altered protoplasm.

Nucleo albumin, therefore, must be looked upon as a common constituent of all cell-elements. It is a substance which, when isolated, behaves like a strong acid; it is almost insoluble in water, but dissolves readily in the presence of a little alkali. This nucleo albumin in many respects resembles the globulins, but differs from them in that it contains phosphorus. It is quite probable that the original nucleo albumin is a vegetable globulin, to which phosphorus and iron atoms have been added, as a little iron is always found in this substance.

Viewed in this light, nucleo albumin is a synthetic product of vegetable chemistry where anabolic construction is continually taking place. When this nucleo albumin is oxidized or split up, it yields as one of its katabolic oxidation products a substance which is for more simple in its atomic structure than the nucleo albumin from which it came. To this more simple molecule, $C^{29}H^{49}N^{9}P^{3}O^{22}$, the name "nuclein" has been given. Nuclein was first made from pus, then from spermatozoa, blood-corpuscles, hens' eggs, the yeast plant, from liver cells, from cows' milk, etc. In fact, wherever nuclei are present a substance can be obstained from their contained nucleo albumin, which, in a measure, is rich in phosphorus, soluble in weak alkalies, insoluble in acids and in artificial gastric juice, and which has a sticky character somewhat like mucin, but differing from the latter in containing phosphorus.

From this method of development it appears quite clear that the opinion held by many observers that nuclein is not a normal constituent of the animal economy is the correct one. Nuclein, on the other hand, is a katabolic product obtained from the oxidation or splitting up of the complex molecule known as nucleo albumin, in the same manner that urea and uric acid are katabolic products resulting from the oxidation or splitting up of the proteid molecule.

Nuclein has never been found in the excretions as one of the katabolic bodies of nitrogenous composition for the normal elimination of nitrogen and

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phosphorus from the body. In fact, there is no evidence to show that such a compound is ever formed in the system, but simply that it can be made from the nucleo albumin, which is a constituent of cell-protoplasm. Nuclein, therefore, must be classed as a purely artificial product of the analytical chemist's laboratory.

That the contained phosphorus of the nucleo albumin is the source of the phosphorus compound, lecithin, is probably true. The phosphorus of these substances is the source of the phosphoric acid, owing to which the phosphates eliminated from the system are always in excess of the phosphates taken into the animal economy in the food-stuffs. This much has been established, but just where these oxidation changes take place is yet to be determined. The remaining nitrogen of nucleo albumin, after yielding up phosphorus, appears to leave the body in the higher oxidation products, such as urea, uric acid, etc.

As there is no tangible evidence at hand that animal life or animal chemistry can take simple molecules and build them up into more complex molecules, it cannot be argued logically that nuclein, if administered to the animal economy, can be convested into a nucleo albumin, thus enhancing the nutritive chemical activity and life of the protoplasmic elements.

We are left, then, for a solution of the therapeutic value of nuclein, if it has any, to one of two methods of explanation; methods by which all chemical compounds must be examined if they have not the common properties of the food-stuffs.

First, it may simply be a foreign body which acts by its irritating and poisonous properties, thus stimulating normal and inactive protoplasm to increased activity, without in itself undergoing any chemical change, as occurs with all the inorganic compounds. Or, second, it must be a substance which, from its organic nature, is capable of being rapidly oxidized, thus yielding heat and exciting active chemical mutations of a greater intensity and higher kinetic energy than occurs when the normal food-stuffs are introduced.

If it can be shown that nuclein stimulates the animal economy, either in normal or abnormal states, by either of the above methods, into a more rapid chemico-physiological activity, so that the system can more rapidly utilize the normal food-stuffs and develop a higher nutritive state, and thus place the system in a higher state of resistance against toxic agents of all kinds, then nuclein can be classed as a valuable therapeutic agent. It must also be shown to accomplish this more successfully than the well-tried and known alkaloids and glucosides before it can be set in advance of these tried agents in our therapeutic list.

It must also be shown that, when nuclein is used, there is a rapid change in the excreta, so that abnormal katabolic products are replaced by those of a normal composition, both as regards quantity and quality.

All this must be accomplished before nuclein can be considered even as a valuable and reliable therapeutic agent, to say nothing of its displacing the old and well-tried remedies. When we look for this kind of evidence it is not to be found. All that can be discovered is the bold claim that the

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nuclein enters into the cell and gives to it, as it were, new life and new power to destroy microbic and toxic agents.*

It matters not what the therapeutic agent is; in every instance it must be demonstrated conclusively when applied practically at the bedside:

First, that it enhances the power of the enfeebled system to utilize the normal food-stuffs to greater advantage than otherwise would occur.

Second, that it increases the chemico-nutritive activity of the system, and thus increases the power of the animal economy to resist more effectually the intrusion of all abnormal conditions.

Third, there must be a marked change in the amount and number of the abnormal katabolic bodies eliminated in the excreta, and a marked tendency to change from the abnormal to the normal excretory products which indicate a normal state of the system.

Fourth, there must be an absolute decrease in mortality.

These are the conditions that must be met wholly or in part before any remedial agent can be considered as a thoroughly reliable therapeutic remedy. Working with this practical standard constantly before him, the clinician finds to his sorrow that many things which appear to work most satisfactorily in the experimental laboratory are total failures when applied to sick and suffering humanity. Thus far nuclein appears to be another compound to be added to the long list of total failures.

We would not in any way wish to discredit experimental work, but greater care should be exercised in making deductions from results obtained experimentally upon the lower animals, and in their application to the human economy in its various pathological states. Disaster and total failure have so repeatedly followed the adoption of random conclusions that now the clinician is naturally in constant doubt regarding any and all new discoveries.

When the biologist, the physiological chemist, and the clinician have reached that harmonious stage which will make it possible to bring their observasions more uniformly into relation with one another, then we shall see the day when more successes and fewer failures will be recorded in medicine.—*Yale Medical Journal.*

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*Since writing the above the author has learned that the supposed germicidal power of nuclein has been ascribed to the use of impure nuclein, preparations in which the alkali used for their separation was not completely removed, the pure preparation being without such action. The natural inference herefrom would be that the contained alkali, and not the nuclein, is responsible for any germicidal action following its use.

Cremation.—The New England Cremation Society is authority for the statement that seventeen crematories have been established in the United States during the past ten years. The number of bodies incinerated during each year of that period is as follows: In 1885, 36; in 1886, 119; in 1887, 125; in 1888, 199; in 1889, 262; in 1890, 362; in 1891, 464; in 1892, 576; in 1893, 677; in 1894, 876. These figures would seem to indicate that cremation is growing in favor.

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Peritonitis.

By JACOB GEIGER, M. D., St. Joseph, Mo.

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And W. J. BELL, A. M., M. D., St. Joseph, Mo.

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THE word peritoneum is derived from the Greek word meaning to stretch, and when we note its evolution during embryonic and fetal life, we consider it well named. It is a serous membrane and in structure is identical with the pleura, pericardium, tunica vaginalis and synovial membranes of joints; in all, it is practically the same closed sheath or sac which lines a cavity, and is in turn, covered or invested by itself.

The peritoneum is bounded above by the diaphragm, and below by the pelvic floor, and anteriorly and posteriorly by the abdominal parietes.

We may, for the time being, imagine the abdominal viscera absent, the result being a cavity. As the viscera appeared they would project from the posterior wall of the cavity and carry with them the displaced peritoneal membrane.

This practically places the viscera in the abdominal cavity, but outside the peritoneal cavity.

The peritoneal sac remains entirely empty except at the Fallopian orifices,

The function of this membrane is to minimize the effects of friction and support the abdominal viscera.

Its intricate structure and relation to the abdominal organs render it liable to irritation and consequent inflammation from a variety of sources. So great a variety, indeed, that a description of the sources and varieties of inflammation would make a volume instead of a paper such as desired at this time.

Idiopathic peritonitis is a fiction of the imagination; we must, therefore, in every case seek the primary etiological factor in adjacent tissues or organs.

The pathology, prognosis and treatment necessarily varies with the cause in a given case.

The least serious cases of peritonitis are due to aseptic irritation, such as chemical irritants or surgical interference cleanly done.

This, however, is not a true inflammation but a regenerative process limited in its action and identical with the healing process anywhere. The febrile disturbance, if any, is very slight and evanescent, caused by the absorption of material due to retrograde metabolism of tissue.

On the contrary, a true inflammation or infective peritonitis caused by the presence of pyogenic bacteria is progressive and destructive in character and always of grave import, ending, as it does, in the formation of new tissue or the death of the part or of the individual. So rapid is this

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process at times that the system may be overwhelmed by septic absorption in a few hours.

Realizing then, the virulence and rapidity with which peritonitis may develop, it is our duty as medical men to search out all the avenues of infection, and either close them or render them unsuitable for the travel of pus-producing micrococci, or where the latter have found a location, devise means for their destruction and removal.

In penetrating wounds of the abdomen we have two sources of infection, namely externally, through the means of the instrument used or from the bacteria-laden cuticle, and internally from the wounded intestine.

Our first business in such a case is to render the area involved aseptic, beginning with the external wound and its immediote surrounding tissue. This having been done, if we find evidence of internal injury and infection it is our duty to do an abdominal section, repair all injuries present and make as complete a peritoneal toilet as possible.

This method of action, now acknowledged by all competent surgeons as being the only proper procedure, is not ancient by any means. It is but a few years since every case of injury to the abdominal viscera was treated upon the expectant plan. The logical development of each case was about as follows: injury, opium, poultices, death. It was a truly expectant plan, and only one thing could be expected from the gloomy clinical experience of all, and that was dissolution.

It was as late as 1881 that Dr. Marion Sims, with the prophetic eye of the genius that he was, saw what the future of peritoneal surgery must be, and with that boldness and clearness which characterized his utterances upon any subject treated by him, convinced his colleagues that more advanced ground must be taken. The ground was taken and has been nobly held.

Lest it might be thought that the foregoing is an exaggeration, read this statement made by Dr. Sims and quoted recently by Dr. John M. Wyeth, of New York.

Dr. Sims had urged the necessity of abdominal exploration in wounds of the abdominal viscera, laying special stress upon the propriety of this procedure in gunshot wounds of the intestines, in a paper read before the New York Academy of Medicine on October 6th, 1881.

Dr. James R. Wood not only took issue with him during the session of the Academy, but as they walked home together remarked: "Sims, that was a great paper you read tonight. You gynecologists deserve a great dral of credit for the work you are doing, but you are going too far." Dr. Sims replied: "You and I are getting old and we may not live to see it, but what I have said tonight will be accepted, and will be the practice in time."

A source of peritoneal infection that has received a full share of attention and yet not more than it deserves, is that well-known, but poorly understood structure, the vermiform appendix. "Nature, a mother kind alike to all," marvelous in her ability and efforts to preserve life, too often retires from the conflict when an endeavor has been unsuccessfully made to shut off from the general peritoneal cavity migrating germs from the appendix.

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Here again the physician has a duty and a privilege to help Nature by closing the track along which the germs travel as we do when we tie the appendix at its base and close its canal by stitching, or cauterization. Let us here urge the necessity of draining in all such cases. Drainage tubes are, we believe, relegated to the past, gauze supplying all our needs in this direction.

Intestinal obstruction from any cause, more particularly from strangulation, is a fruitful source of infective peritonitis. It is a lamentable fact that the surgeon's hands are so frequently tied in this malady. The patient cannot realize his precarious condition and rarely in private practice consents to an operation until it is everlastingly too late. The germs have travelled and the work is done.

There is one structure where it would seem a mistake had been made in the making, and that is a woman's uterus. This organ, with its appendages, is so constructed as to form a sort of government turnpike for the travel of all the pernicious germs known to bacteriological science. Are dirty instruments used or dirty fingers introduced in examination, or the foul fingers of the ordinary midwife used as a planter of germs; the woman in the case has to suffer. Whether the ordinary pus-producing micrococci or the more virulent streptococci are planted they find good soil and multiply some thirty, some sixty and some an hundred fold.

Where we have an infective inflammation, acute or chronic, involving the endometrium or the lining of the Fallopian tubes, our greatest effort should be put forth to prevent peritoneal involvement.

Start the current of migration downward, not upward, by making an unobstructed way toward the vaginal exit, and by the capillary attraction which gauze will exert, compel the germs to come your way. In short, dilate the neck of the uterus and pack the cavity of the womb with sterilized gauze. Too much stress cannot be laid upon this procedure, and when properly done in either acute or chronic cases, the benefits will almost invariably be promptly apparent.

Cystic inflammation in its various forms, may supply a source for peritoneal irritation. Here again the indications are plain.

Dilate the urethra and disinfect the involved area providing drainage. The entire intestinal tract offers an almost unlimited area for bacteriological culture as seen in the different varieties of enteric fevers.

From this extensive field inflammation may readily extend to the adjacent peritoneum, and we must undertake to do medically, that which we have undertaken surgically in the cases mentioned, namely: disinfect and provide drainage.

Disinfection in such cases is accomplished by the administration of such germicides as charcoal, bismuth, salol, quinine, camphor and peptenzyue. The drainage we can accomplish by the use of saline cathartics.

The treatment of peritonitis in the future will rest, we believe, upon the principles laid down in this article, viz, remove or prevent infection, provide drainage, stimulate and sustain the unfortunate victim under your care.

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Varicosed Veins of the Leg and Their Treatment.

By A. L. WRIGHT, M. D., Carroll, Iowa.

READ BEFORE THE MEDICAL SOCIETY OF THE MISSOURI VALLEY, COUNCIL BLUFFS, IOWA, SEPT. 21, 1895.

THE frequency of a varicosed condition of the veins of the leg, and the immense amount of suffering due directly to this pathological condition, warrants a consideration of the subject at our hands. Much can be done to ameliorate, and infinitely more in a surgical way can be accomplished toward a cure than many recognize and are willing to admit.

The operation that gives the speediest relief is attended with no danger in the hands of a careful surgeon, and the results thus far observed seem to warrant a farther trial. In a total of fifty operations done at the Eppendorf Kraunkenhaus at Hamburg, by Drs. Schede and Sick, there has not been a single case where relief was not complete and the freedom from pain and suffering such as to delight the sufferer and make them feel fully repaid for submitting to surgical interference.

The blood of the lower extremity is returned through two sets of veins, the superficial placed beneath the integument between the two layers of superficial fascia, and the deep veins accompanying the arteries forming the *venæ comites* of those vessels. Both sets of veins are provided with valves; they are more numerous in the deep than in the superficial layer. This partly accounts for the greater frequency of varix of the superficial layer. The deeper veins, however, are still farther protected by the surrounding dense tissues that no doubt lends support to them and prevents their giving way.

The superficial layer comprises the internal or long saphenous and the external or short saphenous, with their numerous branches. The internal saphenous vein has from two to six valves. The greater number are in that part of the vein above the knee, while the external saphenous has but two valves, is shorter and, according to my observation, less frequently varicosed.

There is no doubt but that we have a varicosed condition of the deeper veins, but the vast majority of cases are of the superficial layer, hence the greater importance of studying these vessels anatomically.

The internal saphenous begins in the minute plexus of veins on the dorsum and inner aspect of the foot, it ascends along the inner aspect of the leg, passes behind the inner condyle of the femur, and ascends along the inner aspect of the thigh, passes through the suphenous opening in the fascia lata and terminates in the femoral vein, about one and one-half inches below Poupart's ligament. In its ascent it receives numerous collateral branches.

The short saphenous vein is formed by branches which collect the blood from the dorsum and outer side of the foot, it ascends behind the outer malleous and along the outer border of the tendo Achillis until it reaches the middle of the posterior aspect of the leg, passing upward it per-

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forates the deep fascia and terminates in the popliteal vein between the heads of the Gastrochemius muscle, this vein also receives numerous large branches on the posterior surface of the leg. It will be seen at a glance that owing to the greater length of the internal saphenous, the column of blood it has to sustain is much greater, the valves more numerous in the external in proportion to its length, and when the pathological conditions are favorable, the long saphena is more liable to give way than its fellow on the outer aspect of the leg.

A varicosed condition of the veins of the leg is not free from danger, aside from that of infection through a varicose ulcer or the escape of an infected emboli, numerous cases are reported where the over-distended vessel wall has given way, enormous and even fatal hemorrhages have occurred. The vitality of the tissues is lowered by this prolonged blood pressure and their susceptibility to slight traumas you are all familiar.

Varix is more frequent in women, I believe, than in men. Women who have borne many children are especially liable to have the veins of the lower extremity give way, showing clearly that pressure upon the great veins by the gravid uterus contributes in no small degree.

I have seen cases where the pressure of a uterine fibroma or an ovarian cyst acted as a cause. Quite recently I removed a lipoma of considerable size from the anterior and inner aspect of the thigh that was producing sufficient pressure upon the long saphena to cause dilatation of the vein that was giving rise to much pain.

Occupation is thought to have some influence in the production of phlebectasis, but I am of the opinion that some other more potent inherent etiological factor is necessary than that of standing alone. Nature's wonderful compensatory readiness precludes the probability of her not looking after these superficial veius when called upon for increased work. Syphilis or an atheromatous condition, I believe, has a very great influence in producing pathological structural changes in the vessel wall. I believe, although I have no clinical data upon which to base an opinion, that these two conditions, which are so frequently met with, contribute in no small degree toward lessening the normal resiliency of the vascular tissues and predisposes to this condition.

The veins give way most frequently in middle life, although sometimes seen in children and in the aged; still, the middle period of life is the time when the disease is generally contracted.

In discussing the pathological condition, it is not necessary to enter into detail regarding the numerous small blue veins that have undergone slight structural changes that we so frequently see coursing the dorsum of the foot and up the leg, these are very superficial and give rise to little or no disturbance and do not call for surgical interference, in fact, we are not asked to ameliorate this state of affairs, but are consulted and asked to relieve that condition of the vessels from the single enlarged and distended trunk to the innumerable soft tortuous blue convolutions, that dot and cover the leg from the dorsum of the foot to the saphenous opening in the fascia lata. To that condition where we encounter an enormously swollen and greatly distended leg, much resembling elephantiasis, or we find the tissues

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breaking down and from one to many ulcers, giving rise to untold misery and such suffering that the patient is ready for any measure that promises relief. I have been asked in two instances to amputate the leg, so great was the suffering.

These are the cases where the veins have become stretched and distended and have an enormous column of blood to sustain. The effect of this blood pressure is to thin the coats of the veins still more and lessen their internal resistance. The effect furthermore is manifest by increasing the blood in the capillaries, thereby causing a transudation of serum and white blood corpuscles, not only into the tissues that envelope the veins, but into the tunics also, this transudation still further weakens the resiliency of the vessel. At first the dialation was quite uniform, as it progresses the dialation becomes sacculated and convoluted, the tunics also undergo a cell proliferation and become thickened irregularly; this irregular thickening of the tunics is, no doubt, the cause of the knotty appearance we see in these cases. This irregular thickening weakens rather than strengthens the vessel wall. The column of blood is diverted thereby and impinging irregularly against the side of the vessel causes its tunics to yield, giving rise to the above mentioned condition.

It has been claimed by some that the veins that become varicosed are without valves; this, no doubt, is an error, as the veins gradually become distended, the cusps of the valves are forced apart and no longer maintain the column of blood, they are pressed against the wall of the vessel and atrophy from want of use, hence their absence upon section. The valves are sometimes found hypertrophied and sustaining the blood current perfectly.

The prolonged embarrassment of the circulation from partial stasis is followed by eczema. The skin becomes inflamed and vesicles form that rupture and pour out serum that dessicates and forms scales. This eczema gives rise to the most intense suffering at times, or from a slight aversion of the skin and the inflamed condition of the tissues, the surrounding parts give way and we have an ulcer to contend with.

A very slight trauma over the extremely attenuated vessel causes it to give way, and the loss of blood is sometimes enormous, and has been known to be fatal, or infection occurs and the distended vein breaks down and we have multiple abscesses. I have seen one case where the vein presented multiple thrombi, due, no doubt, to infection, that broke down, and we had following this many suppurating points that when laid open and scooped out with a curette the vein tunic formed the abscess wall.

In the consideration of the treatment it is not necessary for me to go into details regarding the palliative measures resorted to for the purpose of giving relief, with these you are all quite as familiar as I, and to review them at this time would be consuming valuable time needlessly. There is a certain number of cases that will get very great relief from palliative measures; there are others that will not submit, from fear or other causes, to radical interference; to this class I have nothing new to offer, but to that class whose occupation requires them to be on their feet much of the time, or where the soft tissues are constantly breaking down—one ulcer is no

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sooner healed than another is started. Where the skin is constantly eczematous, or the transudation such as to keep the leg greatly swollen; to this class of sufferers we can give complete and permanent relief, through the radical operation.

Heretofore we have been limited to one of three procedures, acupressure, ligature, and excision.

Acupressure is performed by passing two needles through the skin underneath the vein about one inch apart, silk is twisted in a figure-of-eight suture over the ends sufficiently firm to constrict completely the vein, the underlying skin is protected with little plegits of gauze. If thought best the vein can be divided with a tenotome subcutaneously between the needles. This method is not very generally countenanced in this day and age of progressive surgery, the danger of infection is great and the element of uncertainty makes it unpopular. There is danger of transfixing the vein also. Of the various methods advocated for the radical cure this is most frequently followed by failure.

The ligature has been used from a very remote surgical period. Paulus Aegineta who practiced surgery somewhere between the fourth and seventh century, made use of this method. This was many centuries before Ambrosi Paré advocated the ligature for the control of hemorrhage, many of the older surgeons tied the veins in two places and divided between the ligatures. Dupuytren tied and cut above the ligatures. After selecting the main trunk or one or more of the principal tributaries the vessel is exposed. An aneurysm needle armed with a silk ligature is passed beneath the vein and tied, or the ligature is passed double, the loop cut and separated as in the former operation; then tied and the vein cut between, after which the wound is closed and sealed. A few years ago Trendelenburg recommended ligation and division of the great saphena vein in this affection. He attributed the defect to the insufficiency of the valves, and that the very great pressure existing in the varices is removed by occlusion of the saphena and the circulation is in no way impaired; he found that ulcers of the leg healed very promptly and the patients made a rapid recovery.

Excision is a very ancient operation and has given far by the best results. It was practiced by Celsus in veins that were not very tortuous, but fell into disuse owing to the disastrous results due to infection. Lisfranc tried to popularize the operation by slightly modifying it, but failed owing to the frequency of death due to septic influence. Since the days of modern surgery this operation is the one most frequently resorted to and with most gratifying results, the wound unites primarily and the danger from sepsis is nil.

The operation is performed by making a longitudinal incision over the long saphena above the knee, exposing the vein and isolating it from the surrounding tissues and passing two ligatures two or more inches apart, after tying. The intervening part of the vein is excised, and the wound closed without drainage, The after treatment consists of rest in bed, elevation of the leg and the application of a bandage daily; this operation is followed not infrequently by failure.

I feel that I must mention only to discourage the use of some of many unsurgical means that have been brought forward from time to time. At

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one time the veins were crushed, thereby hoping to obliterate the main channel; at another time corroding acids were made use of for the same purpose. Injections into the veins have been used and followed by disastrous results. All of these measures are unsurgical and should not be entertained.

During my stay in Hamburg during the past summer, I had the pleasure of observing Dr. Sick and his assistants do what seemed to me the ideal operation for this pathological condition, and the result up to the present time seems to justify its further trial. The operation was suggested by Dr. Schede and first carried out by him and his assistants. Some of these cases have been under observation for two years and, I am informed by these gentlemen, in not a single instance, has the operation been otherwise than satisfactory.

The patient is carefully prepared the day before by a general bath. The bowels are thoroughly emptied. The limb to be operated on is carefully scrubbed and shaved, dressed with a 5 per cent carbolic acid, moist dressing. The patient is anesthetized, the limb elevated a sufficient length of time and a rubber constrictor applied.

The rubber band, however, is not the invariable rule. The limb is encircled by an incision, commencing usually below the knee some three or four inches. The same incision may be made above the knee if it is thought unnecessary to divide the external saphenous. The incision cuts through the skin and cellular tissue down to the muscular layer, dividing everything, as the veins are cut they are picked up with haemostatic forceps, for the two-fold purpose of preventing unnecessary loss of blood and guard against the greater danger of air emboli.

In many instances the veins can be picked up and cut between two pair of forceps. After the completion of this incision, every bleeding point is ligated with sterilized catgut, especial care is given to this part of the operation. The wound is then closed by carefully approximating the skin and fascia, first by deep retention sutures some six, eight or more, whatever seems necessary to relieve the tension on the approximate sutures. The wound is then cleaned and dried of all fluid that can act as a culture media, and dressed in the most thorough aseptic manner, a roller is snugly applied, the patient placed in bed, and the leg elevated.

Frequently you will find, after making the above described operation, that there are many knotty and enlarged veins about the knee. To prevent trouble from this source, Dr. Schede is in the habit of making an excision of the long saphenous in the upper part of the thigh, much after the manner of Trendelenburg's primary operation. He cuts down upon the vein and removes about three inches and then closes this wound without drainage.

If the wound remains free from infection there is no need of disturbing the dressing for ten days. They are then removed, the stitches taken out and the dressings reapplied with the same care.

About three weeks is required to keep these patients in bed, when they are allowed to get up and go about their usual vocations.

The result of this operation thus far is very satisfactory and bids fair to supplant all others in vogue at the present time.

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Chronic Atrophic Rhinitis.

By LEON ROSENWALD, M. D.,

Professor of Histology and Microscopy in the University Medical College; Professor of Pathology in the Kansas City Veterinary College, and Bacteriologist to the Kansas City Board of Health.

READ BEFORE THE TWIN CITY MEDICAL ASSOCIATION.

TO the student of pathology chronic atrophic rhinitis presents no deep problems—no more than are found in any organ which undergoes a fibrous change, and contraction. That this process can start without any very marked symptoms of inflammation is a well known fact, but the vast majority of cases are not primary, but the results of hypertrophic inflammations which have lasted for some years, and it is for this reason that the disease is peculiar to adult life. The glandular structures of the mucus membrane are practically destroyed, with the exception of that lining the upper third of the nose, the ethmoid cells, etc. This must be borne in mind for it explains and elucidates the train of symptoms which characterize this most disagreeable condition of the nose. A feeling of pressure in the frontal region, the formation of scabs or crusts, a peculiar odor, and frequent nose bleedings suffice to make the diagnosis which can be confirmed by the rhinoscopic examination. Patients very frequently complain of dryness in the pharynx, and the practitioner must not be surprised at this, for the moistening function of the nose has been destroyed, and taken up partially by the pharynx.

The formation of crusts has to the rhinologist always been a source of much speculation. By some, bacteria are supposed to be the evil genius, but these men see nothing in medicine but micro-organisms.

The true cause is mechanical only. As the secretion from the upper part of the nose flows over the middle and inferior turbinated bones the inspired air absorbs what water there is, and leaves the solid matters remaining. The crusts grow by the continual addition of solid matters from the secretion over the primary deposit, and finally form a complete coat of the interior of the nose.

It is now that the bacteria which are ubiquitous, find a good culture medium and lodge there to form putrefactive changes. This, I believe, is the only part bacteria play.

Climatic conditions very markedly affect this process. The higher the altitude the fewer putrefactive germs are found; and consequently, the stench will be less.

We know that atrophic rhinitis is found in very high elevations, but with the absence of that horrible stench which accompanies crust formations in lower altitudes, and especially in countries lying near large bodies of water. This I consider an additional proof that bacteria are only accessories to the crime.

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Chronic atrophic rhinitis is as great a cause of despair to the majority of physicians as it is of discomfort to the patient, and it is justly considered an incurable affection. Yet notwithstanding this prognosis the patient can be put into a very comfortable position, and the physician not only gains fame but also fortune. The indications for treatment are, mainly, to lessen secretion and thereby lessen formation of crusts, if possible to re-establish the function of the lower two-thirds of the nose, absolute cleanliness, and supplying moisture to the nose. The routine treatment here outlined has given me great satisfaction.

Spurs and other deformities of the nose must be corrected so that the exit of mucus is not impeded. The crusts are then cleaned out with a piece of cotton on a probe, using a solution of pyrozone or hydrogen peroxide to loosen the scabs, should they be very adherent. Following the first indication, I use a 4 per cent solution of alumnol to the upper third of the nose. This is a mild astringent and will lessen secretion.

The middle and inferior turbinates are then painted with a 4 per cent solution of cocaine to secure a dilatation of the blood vessels. This dilation is the secondary or paralyzing effect which cocaine has on blood vessels. A spray of benzoinol or liquid albolene, with menthol, camphor or any other medicament is then used to supply a lubricant for what secretion may pour over the turbinates, and at the same time supply moisture.

This process, which appears to be a complicated one is, in reality, very simple and takes a very little time to apply. Antiseptics and germicides in the true sense of the word are useless, for they accomplish nothing. Prevent the formation of scabs by whatever method you will, and chronic atrophic rhinitis is not such an unmanagable disease as is commonly supposed.

Announcement.—E. B. Treat, Publisher, New York, has in press for early publication the 1896 *International Medical Annual*, being the fourteenth yearly issue of this eminently useful work. Since the first issue of this one volume reference work, each year has witnessed marked improvements; and the prospectus of the forthcoming volume gives promise that it will surpass any of its predecessors. It will be the conjoint authorship of forty distinguished specialists, selected from the most eminent physicians and surgeons of America, England and the Continent. It will contain reports of the progress of medical science at home and abroad, together with a large number of original articles and reviews on subjects with which the several authors are especially associated. In short, the design of the book is, while not neglecting the specialist, to bring the general practitioner into direct communication with those who are advancing the science of medicine, so he may be furnished with all that is worthy of preservation, as reliable aids in his daily work. Illustrations in black and colors will be consistently used wherever helpful in elucidating the text. Altogether it makes a most useful, if not absolutely indispensable, investment for the medical practitioner. The price will remain the same as previous issues, $2.75.

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Treatment of Diphtheria with Anti-Diphtheritic Serum.

By THOS. BROOKS, M. D., Dearborn, Mo.

THE limited number of cases of diphtheria that have come under my observation of late, I have treated with this remedy, and by its early use I firmly believe we may reduce the mortality to a very small per cent. It is not my intention to offer suggestions to those having experience with this remedy, but only to those contemplating its use. All doubt is expelled from my mind, and by its use we can certainly save the life of many babes that are near and dear to their parents, that would otherwise find relief in no other remedy.

I desire to call your attention briefly to the details of a severe case of diphtheria treated with the antitoxin. On October 21st, 1895, a little girl was brought into my office for treatment, complaining of *sore throat*. I examined the throat and found quite extensive diphtheritic membranes in the post-nares and surrounding parts, and in the urine I found traces of albumen, and later loaded with the same. Temperature 100⅜ F., pulse 120. I began the use of the various remedies and succeeded in checking the formation of membrane for eight or nine days, when at this time the membrane began to slough "*en masse*," creating a fearful stench, similar to that of cancer. I then used the various antiseptics, but in less than forty-eight hours the membrane was spreading rapidly, and the child had every indication of septicemia during this time, and for several days previous the temperature was 95°-96° F., pulse 150-180, with quite extensive hemorrhages from throat and epistaxis. During this time I used pyrozone, hydrogen peroxide, papoid solution, alcohol, sulphur, and last of all (I say it to my shame; although it is being used by many of our professional brethren, who would shudder if they were exposed) a patent nostrum, which proved to be absolutely worthless. I refer to Riggs & Co.'s patent Diphtheria Cure. As a last resort, I injected the *serum* at 9 A.M., with a temperature 95° F., pulse 180, and at 1 P.M. the temperature was 98 3-5 F., pulse 96, and remained so during convalescence. In twelve hours membrane was beginning to disappear, and in twenty-four hours only a trace could be seen, in forty-eight hours only a very slight spot ½ inch in diameter remains, and on the third day no membrane was to be seen; throat was in a fairly healthy condition except the pits caused by first sloughing. The membrane did not slough off at last, as is usually the case, but seemed to vanish as if by magic.

Now prior to the injection, the Eustachian tubes were much involved, and hearing greatly impaired. She was constantly screaming with pain in ears and throat.

I have used the serum in several cases, and may soon be able to give a detailed statement including croup cases. I am rather partial to the spinal and scapular region for injection, using only an ordinary hypodermic syringe—(eight times full) sterilized by 10 per cent carbolic acid solution,

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then pure boiled water, and cover the puncture with solution of iodoform collodion (10 grains to 3i); in one-half hour there was no soreness, or any inflammatory action at the point of injection. I got the best results from the use of 1000 antitoxine units of P. D. & Co. powder of anti-diphtheritic serum given at one time.

Report of a Case of Salivary Calculus.

By J. G. HARVEY, M. D., Decatur, Ill.

READ BEFORE THE DISTRICT MEDICAL SOCIETY OF CENTRAL ILLINOIS AT PANA, OCTOBER 29, 1895.

WESTLEY NICHOLLS, of Decatur, Illinois, had a tumor form under the left jaw, ten years ago, caused by swelling of the sub-maxillary salivary gland; the swelling would increase when he took cold and became very painful. When I first saw him in the spring of 1895, I found the tumor about the size of a hulled walnut and very painful; accompanying it was a tumor or swelling under the tongue. By the usual treatment the inflammation was reduced, after which a hard mass was found in the sub-lingual tumor. I made an incision down to the hard substance and removed it; it proved to be a salivary calculus the size of a navy bean. The operation was made May 25th, 1895. Since removal of the calculus, the tumor has been reduced in size about one.half, and gives him no further pain or trouble. It is at the present writing, about the size of an almond, very hard, but not tender. Salivary calculi are very rare. I append a few cases, showing a variety of locations of such formations:

O. Tross reports the case of a locksmith, aged 38 years, who had a walnut sized tumor on the floor of the oral cavity, which, on incision, gave forth a small quantity of fetid pus, and on the next day a calculus was pushed out spontaneously; a second and third being afterwards removed by forceps.

Weir reported a case, the tumor being the size of a tangerine orange that had existed eleven years; by incision two salivary calculi were removed, the size of a pea.

Barry removed a calculus from Wharton's duct, at its commencement near the sub-maxillary gland, that measured one inch long by half an inch in diameter.

Dixon removed a calculus from Wharton's duct and the sub-lingual gland.

Polack reported a calculus removed from the sub-lingual gland, that weighed 23 grains. Recovery was prompt.

Three cases of successful removal of salivary calculi are reported by Strassman and Schmidt.

Klebs and Waldyer believe that the most common cause of salivary calculi are microbes, the carbonates of magnesia, lime and soda being deposited around the microbes.

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SOCIETY GATHERINGS

MISSISSIPPI VALLEY MEDICAL ASSOCIATION

Proceedings of Annual Meeting at Detroit, September 3-6, 1895.

Officially Reported for THE MEDICAL HERALD.

Continued from page 556

DR. GEORGE W. CALE, of St. Louis read a paper entitled

TWO SUCCESSFUL OPERATIONS FOR TRAUMATIC INSANITY.

The author said that insanity due to injuries of the head is of rather infrequent occurence. In 2,200 cases of insanity, treated by Kiernan, 45 were of traumatic origin, while Hays records 61 due to the same causes, out of 2,500 cases. Schlager reports 500 cases of insanity due to concussion of the brain. The author then considered the causes and symptoms.

CASE 1 was a male, 26 years of age, carpenter by occupation. Family history good. No case of insanity or of serious nervous disease had ever been present. June, 1895, the patient received a blow from a club in the hands of a negro, the wound inflicted being midway between the fissure of Rolando and the external occipital protuberance, slightly to the left of the median line. It was treated as an ordinary scalp wound, as it was suppurated for three months. Four days after the inception of the wound, he complained of severe pain in the left parietal and occipital regions of the head. October, 1888, he was sent to an insane asylum, where he remained sixteen months. His condition improved, he returned home, but was again sent back to the asylum, where he was detained five months. Four months later he was brought to Dr. Cale, who diagnosed traumatic insanity, advised operation, which was consented to. Recovery.

CASE 2 was one of acute mania, following a trauma. Operation performed the same as in case 1. Recovery.

DR. WILLIAM FULLER, of Grand Rapids, Mich., had operated on two cases of insanity, due to traumatism, one in Montreal in 1870. The patient was discharged from an insane asylum as incurable. When the dura mater was opened, there escaped some serum. A few days subsequent to the operation, the patient was rational, but as soon as the wound closed up the hallucinations returned. He then punctured the brain in two or three different directions with no result except to establish drainage. The man died two months later, and a post mortem examination revealed a tubercular abscess in the fissure of Sylvius, containing about two tea-spoonfuls of pus. The other case was due to syphilis, and was relieved by the removal of the pressure from that disease.

DR. J. FRANK, of Chicago, reported an interesting case of insanity in which he trephined, removing a large piece of bone. A piece of the brain was also excised for examination, and seemed to be healthy. The patient, after being in an insane asylum for five years, made a complete recovery, and took up the thread of life where she left it. She continued in this way for one year, then relapsed. What was the reason of her recovery? In opening the dura, there was a gush of cerebral fluid. Dr. Frank firmly believes that it is not the depression of the skull which produces the bad result, but that at the time of the injury there is a chronic inflammation of the meninges, or a slow inflammatory process, which throws out cerebral fluid. This fluid may be in the ventricles between the dura and the brain, or in the tissues of the brain filaments themselves, and the theory of concussion held by the profession, he belives, is erroneous. He had repeatedly made experiments on dogs by rapping them on the head and rendering them insensible, and immediately thereafter effusion was found.

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DR. MAAS, of Detroit, thought we were in the dark as to the exact cause of the insanity in many cases, and that there was evidently some vaso-motor disturbance.

DR. B. M. RICKETTS, of Cincinnati, read a paper entitled

HEMORRHOIDS, PROLAPSED RECTUM; A NEW OPERATION.

The object of this paper was to present means more simple than had heretofore been offered for the radical cure of a prolapsed rectum and the obliteration of hemorrhoids.

Hemorrhoids. After widely dilating the sphincter with the fingers under surgical anesthesia, a large semicircular needle is passed sub-cutaneously from the muco-cutaneous line to the upper border of the pile-bearing area, and then returned to make its exit at the point of entrance. The needle is then removed, and the silk ligature made tight about the venous plexus, and the ends left hanging out. These ligatures may be from one half to an inch apart as the case may require. It is not necessary to tie all the varices in this way, as the atrophic changes will necessarily obliterate the remaining ones. No tissue is sacrificed, the mucous membrane remains intact; there is no hemorrhage, no infection, no pain of consequence, and the loss of time is practically nil. The sutures are allowed to come away of their own accord. The operations made in this way for this condition have resulted in an absolute cure, and the patients have experienced but little pain during the life of the ligature.

Prolapsed rectum is treated in the same manner except a greater number of ligatures are required. If they are properly and evenly adjusted, the atrphy of the issues is symmetrical and the pathological condition is relieved wthout stenosis.

YEAST NUCLEIN AND ITS THERAPEUTIC USES.

By DR. VICTOR C. VAUGHN, of Ann Arbor, Mich.

Physiologically, nucleins form the chief chemical constituents of the living parts of cells; that constituent of the cells by virtue of which this histologic unit grows, develops and reproduces. The nuclein of various cells differs, is limited only by the variety of cells. Chemically, the nucleins contain a large amount of phosphorus. Some are combined with albumin forming the so-called nucleo-albumins. The nuclein molecule has a remarkable power of recuperation after partial decomposition. Some nucleins have germicidal properties. Experiments were made with animals appar ently proving that previous treatment by the nuclein gave immunity to the pneumococcus. Some thirty experiments were detailed and results given which seemed quite promising.

DR. WILLIAM PEPPER, of Philadelphia, by request, delivered the

ADDRESS ON MEDICINE.

He selected for his subject,

DANIEL DRAKE; OR, THEN AND NOW.

Daniel Drake died in Cincinnati in 1852. He was universally recognized as the leading medical man of the West. He graduated at the University of Pennsylvania in 1816; the exceptional honor of a special commencement held for this purpose being granted to him. He had already practiced medicine for twelve years without a diploma and had won a high reputation by his scientific and literary work. Dr. Drake received no fewer than thirteen separate calls to medical professorship, and actually held at different times nine chairs in five separate institutions, in Cincinnati, Lexington, Louisville, and the Jefferson Medical College in Philadelphia. Dr. Gross, who was a colleague in two institutions, pronounced him the most forceful and eloquent teacher he had ever known.

DR. J. O. STILLSON, of Indianapolis read a paper entitled

COMPLICATIONS IN CATARACT, ARISING FROM DIABETES, ALBUMINURIA, ETC.

The diabetic cataract is as yet a puzzle. A serious retinitis is often a symptom of Bright's disease, Albuminuria is a frequent complement of cataract. It is not only desirable but necessary to treat these conditions if they exist before operating for the senile cataract.

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DR. F. MAAS, of Detroit, read a paper which was largely a statistical one, in which he pointed out the comparative value of the medical and surgical treatment of appendicitis.

DIAGNOSIS OF HYSTERIA.

By DR. HUGH T. PATRICK, of Chicago.

The writer dwelt particularly upon the peculiarities of hysterical anesthesia, hyperesthesia, and paralyses. The principal peculiarities of the first are its distribution in the form of a glove, sleeve, or stocking, with sharply cut border and in disseminated and irregular patches. Dr. Patrick called attention to a distinguishing trait not yet described, namely, almost instantaneous and normal areas. This peculiar feature applies equally well to hyperesthesia. Among the hyperesthesias was described hysterical joint diseases and hysterical anglina pectoris with differential points of diagnosis between these affections and organic disease. The peculiarities of the hysterical gait were described at some length, and their relation shown to the affection described by Blocq and called by him astasia-abasia. The writer protested against this affection being considered a nosological entity, as it is simply an exaggeration of a common feature in hysterical paralyses. The peculiarities which distinguish an hysterical from an organic paralsis of the upper extremity were also described, and hysterical affections of the special senses were briefly alluded to.

THE DEFLECTED SEPTUM AND ITS REPAIR.

This paper was read by DR. J. HOMER COULTER, of Chicago. The author first dwelt upon the etiology of the condition. In stenosis of any degree, there is created in each inspiration within the cavity, a more or less complete vacuum. Thus the atmospheric pressure is to that degree increased and is a constant force of no inconsiderable gravity. He holds further that such a course would be more efficient in producing structural changes in the cartilaginous septum than would be a more violent force suddenly applied, because the natural cartilaginous resiliency would more easily recover and throw off the effect of the latter.

The author then gave the points in the operation because in the observance of these lies the success of the operator. Where the deviation is well anterior, or involving merely the alae, it is very much simplified because of convenience in operating, and after-treatment as well. Until recent years but little attention was paid to the presevation of the mucous membrane, when operating on a deflected septum. A new form of punch was suggested for removing the cartilage and leaving the membrane intact.

DR. W. F. BREAKEY, of Ann Arbor, Mich., read a paper entitled

A CASE OF COMMINUTED FRACTURE OF THE ILIUM, WITH SPECIMEN AND PHOTOGRAPH.

No reports show such an extensive fracture of the ilium as this case. It was literally shattered into pieces. The patient fell ten feet on a pile of stones, producing this fracture and also a Colles' fracture with dislocation of ulna. The patient never rallied from the shock of the accident.

THE TREATMENT OF CANCER.

By DR. HAL C. WYMAN, of Detroit. The cure of cancer is rare, and unless the treatment is begun early, the disease terminates in death. In the treatment of cancer, there is still an open field. The cure by early removal, while the disease is local, is urged and practiced by all who have opportunity. But the opportunity will not occur with sufficient frequency to stamp out the disease until the people are educated as to the facts.

DR. LEWIS C. CLINE, of Indianapolis, read a paper on

LARYNGITIS FROM A RHINOLOGICAL STANDPOINT.

The author adheres to Bosworth's the word it is only to inflammations of a purely catarrhal character, which classification of laryngitis, and applies excludes at once syphilis, tuberculosis, and all other constitutional diseases, as they are more properly called syphilis or tuberculosis of the larynx.

The cases that are least amenable to treatment are the atrophic, but much can be done to comfort and palliate these cases by attention to dress, stimulant and lubricant applications. For stimulating and astringing, he finds nothing equal to nitrate

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of silver, from 10 to 40 grains to the ounce, according to indications. For overwork cases, the first law is rest, with occasional mild, stimulating applications with an atomizer. The great majority of cases that had come under his observation had had atrophic or hypertrophic rhinitis to a greater or less degree. Spurs and deflected septum are often associated with these conditions. The lesions most frequently observed are hypertrophies of the posterior ends of the inferior turbinate bodies, and a thickened, lumpy condition of the posterior end of the septum. The drill, saw, snare and galvano-cautery are aids in removing these conditions in the more aggravated forms while the application of silver and various astringents with sprays had served the author in the mild forms.

DR. J. A. WESSINGER, of Ann Arbor, Mich., contributed a paper on

THE THERAPEUTICS OF OLEO-CREOSOTE, AND CREOSOTE CARBONATE.

He summed up his his experience with these remedies in the following conclusions: (1) The dosage is practically unlimited as far as toxicity is concerned, but it is preferable to begin with a small dosage two or three drops after eating, and increase until the result is obtained. (2) To be of value in tuberculosis, a clinical diagnosis must be made early. (3) While these agents are distinctly germicidal, they also serve as tissue builders. (4) Creosote carbonate and oleate have the power of increasing the number of red blood corpuscles, and they also increase the percentage of hemoglobin in the blood.

DR. I. N. LOVE, of St. Louis, read a paper entitled

THE BICYCLE FROM A MEDICAL STANDPOINT.

Bicyclists should understand the importance of going reasonably slow. The wheel brings into play all the muscles, and the maintaining of equipoise has beneficial results. The matter of position is important. The rider should maintain an erect posture and not assume an unsightly stoop in imitation of the hoop-snake, which takes its tail in its mouth and sails through the country. A study of the question of the wheel for women has resulted in an opinion favorable to its moderate use in cases of acute diseases. Specialists have agreed to this. Numerous cases of long standing pelvic diseases have been benefited by a judicious use of the bicycle. Women maintain a better position than men. An hour's wheeling three times a day is ample. The costume is important from the standpoints of health and art. He objected most emphatically to bloomers, which lessened the respect of mankind for womanhood, and blemished the landscape. Leggins and accordion plaited skirts were about the thing. Corsets should be set aside. Skirt and shirt-waist were favored, and even the sweater was approved.

The discussion was opened by DR. C. B. PARKER, of Cleveland, and continued by DR. W. N. WISHARD, of Indianapolis, DR. STERNE, of Indianapolis, DR. WALKER, of Evansville, Ind. They all advocated and advised a moderate use of the wheel for both men and women.

A paper was read by DR. T. O. SUMMERS, of St. Louis, entitled

THE PHYSIOLOGICAL ASPECT OF LEUCOCYTOSIS.

And one by DR. A. GOLDSPOHN, of Chicago, on

THE PROPER INDICATIONS FOR REPAIR OF PATHOLOGICAL LACERATIONS OF THE CERVIX UTERI, AND FOR THE RELIEF OF PATHOLOGICAL ANTEFLEXIONS AND THE PROPER OPERATIONS TO MEET THEM.

DR. K. K. WHEELOCK, of Fort Wayne, Ind., read a paper entitled

RHEUMATISM AND GOUT IN ITS RELATION TO THE EYE.

The paper was a thoroughly practical one and presented this somewhat old but nevertheless important subject in an interesting manner. The paper elicited a warm discussion.

DR. G. W. M'CASKEY, of Fort Wayne, Ind., followed with a contribution on

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BIO-CHEMISTRY IN ITS RELATION TO NERVOUS DISEASES.

In this paper the somewhat peculiar and certainly novel attempt was made to establish the general theory of the causation of nervous diseases by chemical poisons, circulating in the blood, and acting by a process of selective affinity upon different parts of the nervous system. The author referred to these poisons under the following groups, the classification being entirely tentative, and based upon their source of origin instead of their ultimate chemical analysis or physiological action. (1) Bacteriological products—ptomaines. (2) Products of perverted tissue metabolism. (3) Defective elimination of excretion. (4) Perverted secretion of glandular organs. (5) Products of imperfect digestion. (6) Chemical compounds probably present in independent blood-states, and of unknown origin.

Many conditions heretofore unknown as to their etiology will be found to be due to one of the above conditions existing in the system.

One of the most popular and practical papers of the Section was that read by DR. J. H. TAYLOR, of Indianapolis, entitled

HOW SHALL WE REAR OUR BABIES?

The suggestions and directions were for both physician and mother, and put in so pointed a manner that the paper ought to have a wide circulation. The next paper was by DR. FENTON B. TURCK, of Chicago, which was entitled

DISEASES OF THE MOUTH, NOSE AND THROAT, AS ETIOLOGICAL FACTORS IN CHRONIC GLANDULAR GASTRITIS, WITH BACTERIOLOGIC STUDIES OF THE PHARYNGEAL VAULT.

Bacteriologic study has developed the fact that upon the mocus membrane of the mouth, nose and pharynx, groups of micro-organisms may form which may also be found growing on the mucous membrane of the stomach in gastritis. Under normal conditions, the mucous membrane of the stomach does not favor colonization upon its walls; but let some etiologic factor come into play and micro-organisms will develop. The mouth, nose and throat when in a diseased state, become incubators ready to infect when the conditions of the stomach permit the development of growing micro-organisms upon its walls. The author then referred to the bacteriologic studies of Miller, Wurtz and Lindet. Micro-organisms of the mouth are carried by the food after mastication into the stomach; many of them are again recognized in the stomach and in cases of gastritis are found in colonies growing upon the mucous walls. The author in his clinical and experimental work has presented similar groups of micro-organisms taken from the gums and cavities in the teeth as well as from the material removed by the Gyromele (revolving sound) from the walls of the stomach. In cultures upon the prepared mucous membrane of the pig, he has been able to cultivate some of the micro-organisms and finds the same developing in the stomach that are found in the mouth, but in the control animal, he has not yet found micro-organisms growing in colonies in the stomach.

After reporting several cases, Dr. Turck concluded that clinical observation indicates a marked relation between diseases of the mouth and post-nnasal cavity and chronic inflammation in the stomach and intestines; that the invasion of the stomach from the infected mouth and pharynx is supported by the fact that many of the pathogenic micro-organisms present the identical, biological and physical forms in cases of gastritis, the same as those found in diseases of the mouth and post-nasal cavities of the same patients.

DR. TURCK exhibited a chart showing the predominating micro-organisms found in eight cases that were studied bacteriologically.

In the discussion, DR. LARRABEE of Louisville, said that the germ theory had been superceded by germ facts as presented.

DR. FRANK BILLINGS, of Chicago complimented Dr. Turck on his excellent clinical and experimental work, saying that the doctor stands at the head of the profession in the work he has accomplished. He had shown that when there is a lowered vitality of the mucous membrane of the

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stomach by errors of diet, that a soil is produced favorable for the development of micro-organisms.

DR. H. W. LOEB, of St. Louis, read a paper entitled

EXPERIENCES WITH PAQUIN'S ANTI-TUBERCLE SERUM IN THE TREATMENT OF LARYNGEAL TUBERCULOSIS.

In which he gave the history of nine cases of this disease, seven of which had been treated with the serum. The patients all improved greatly. One case particularly lost completely all dysphagia, pain in the larynx, cough and night sweats. Other patients showed a much greater improvement than under any other plan of treatment yet tried. The doctor quoted the confirmatory evidence of Maragliano of Genoa, Cole, Semon, Wiggins and Paquin. eH will continue his investigations and present further conclusions at a later date.

In the discussion, DR. PAUL PAQUIN, of St. Louis, explained in detail the treatment which he had instituted He said it was just in its beginning. It will have to be improved as we go along, and it will take years to do so. The best results have been obtained in the acute form of the disease, and not in the chronic. The law underlying serum-therapy is a natural one. It is trying to fight bacteria by using Nature's remedy. He had had failures with serum, but he could mention forty or more cases of recovery. He thought that in some cases it would require other treatment besides serum He had not had good results inside of two or three months, and it frequently required five or six months, or even longer. He had made over 10,000 injections of serum in tubercular patients and did not recall one which was attended with fatal results. He counseled study of the climate, as well as the patient, before sending a patient away. Tuberculous patients could not live in Colorado or New Mexico. They will die quicker there than anywhere.

THE USE OF DRY HEAT OF HIGH TEMPERATURE IN THE TREATMENT OF JOINT DISEASES.

This paper was read by DR. WILLIAM E. WIRT, of Cleveland, O. Shortly after reading a description of this treatment in the medical journals the essayist encountered a case of rheumatoid arthritis, in which he resorted to this method. The treatment was followed by great improvement in the motion of the joint, and in the comfort felt by the patient. He also reported a case of rhematism of a year's standing in which there was more or less fixation. He broke up the adhesions, made use of the high application of heat, and raised the temperature to 290 degrees, which was followed by decided improvement in the ease with which the patient could move the joint and relief from pain.

ULCERS OF THE LEG; ALL CAN BE CURED.

This paper was read DR. CARTER S. COLE, of New York. What constitutional conditions obtain that favor morbid states, or that retard a return to a healthy state, such a diathesis receives its proper treatment, whether or not ulcers exist. For systematic purposes, ulcers of the leg were designated by the author according to their appearance as healthy, irritable, indolent, etc. In intractable cases, he is inclined to place foremost thorough washing with soap and water and good scrubbing with a bristle hair brush. If the ulcer be inflamed, irritable or painful, anesthesia may be required for this and subsequent steps. The next step is a thorough cleaning out of all soft granulations, and the base of the ulcer with a sharp curette. The edges of the ulcer are freed from their attachment, and in many cases with a curved sharp bistoury he knicks the circumference at intervals of about one-quarter of an inch. If much hemorrhage follows, a pad of gauze wrung out of a two per cent solution of carbolic acid is placed over the wound, and a firm compression bandage from the toes to the knee applied, the wound having been previously cleansed with the carbolic solution. The dressing, when used, is allowed to remain for 24 or 48 hours, after which he considers the ulcer to have become a simple one, and amenable to treatment as follows: No further lotion is used. The wound is wiped off with dry cotton, and over and completely covering it he places strips of diachylon plaster to protect

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the ulcer. Over the surgeon's plaster he applies a pad of sterilized gauze, held in place by strips of rubber adhesive plaster, or often simply by a bandage. He then uses a firm muslin bandage from the toes to the knee, making equal compression. Bandaging should be carefully done. Sometimes he uses two bandages three inches wide and eight yards long. This bandage is not removed unless the discharge comes through, or the leg becomes painful, or the bandage gets loose. When he redresses the ulcer, he again uses simply absorbent cotton to cleanse the wound, and proceeds as before. Often after two or three dressings, the bandages may remain five to seven days without being disturbed. In some cases a thin scum forms on the ulcer, which must be removed by going over the surface lightly with a curette. With this treatment, in ordinary cases about three weeks will suffice for an ulcer of even a dozen years standing. In extraordinary cases, as much as six weeks may be necessary.

HOW TO DIAGNOSTICATE SEXUAL DERANGEMENTS IN THE MALE.

By DR. EUGENE FULLER, of New York. The author endeavors to impress upon the profession the fact that in the majority of instances, sexual derangements in the male are caused by pathological processes in or about the seminal vesicles, and further, that they accomplish their results by interfering with the mechanism of ejaculation. He calls attention also to the fact that this side of the question has been almost wholly neglected by preceding writers on sexual disorders, who have devoted themselves largely to psychological conditions in this connection, the result being that the great majority of the profession associate sexual disturbances with some radical mental defect. Sexual derangements in the male should be diagnostically arranged in four classes: (1) Those dependent on seminal vesiculitis. (2) Those dependent on neuroses. (3) Those dependent on primary mental diseases or degeneration. (4) Those dependent on general malnutrition and debility. The order of this classification corresponds to the frequency with which these different forms of diseases are encountered in practice. In explanation of the first class of causes, the writer states that it is needless to go into details since he has recently reviewed the subject in his book, just published.

The second class of causes either inhibit or excite the sexual center by means of reflex nervous action.

The third class of causes includes the different form of paraola, in which the sexual sense exists in a perverted form.

The fourth class of causes is a small one. It includes individuals, generally young or middle-aged, who make complaint that they are capable of little sexual exertion and that feelings of prostration and exhaustion result whenever coitus is attempted.

Dr. Fuller then takes up the clinical examination. In conclusion the writer makes some special remarks on the different appearances that the varying grades of seminal vesiculitis present to the sense of touch, and calls attention to the fact that in cases of extensive perivesiculitis involving both sacs an inexperienced examiner is liable to err in diagnosis, mistaking the condition for hypertrophy or inflammation of the prostate. The author holds that to become perfected in the feel of the seminal vesicles, the finger needs as much practice as does that of the gynecologist in feeling the ovaries and tubes. To obtain the necessary practice, he advises the genito-urinary surgeon to make it customary to examine in this manner every male case coming into the clinic until all normal and pathological conditions can be fully appreciated.

CHRONIC SEMINAL VESICULITIS WITH HEMORRHAGE.

DR. S. P. COLLINGS, of Hot Springs, Ark., read a paper on this subject, in which he said there has apparently been little known of the pathological condition of the seminal vesicles until within recent years. The usual cause of this trouble in the extension of gonorrheal inflammation from the prostatic urethra through the ejaculatory duct into the vesicle itself; at least there usually a history of a former gonorrhea with a deep urethral trouble remaining. The vesicles are sometimes involved in very acute and severe gonorrheal inflamma-

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tion with or without the implication of the cord and epididymis. They may also be involved with tubercular inflammation, although practically never primarily.

One observer reports a case in which the autopsy showed that the vesicle was primarily involved. The most important symptom is the disturbance of the sexual function. The character and appearance of the seminal fluids are more or less changed. Its consistency is so increased at times that it is gelatinous. The diagnosis of subacute or chronic seminal vesiculitis would be difficult to make, were we to depend entirely upon symptoms in reaching a conclusion. They are vague and at times misleading except the appearance of the blood in the semen, which, if thoroughly mixed with it, would determine diseased condition of one or both vesicles at once. The author reported two cases, discussed the treatment as applied to them, as well as that generally used in the subacute and chronic forms.

In conclusion, he said that if inflammation of the vesicle occurs in one whose urethra is strictured, cure the stricture before we can hope for permanent results in vesical treatment.

SYPHILIS AND ITS TREATMENT.

This paper was contributed by DR. C. T. DRENNEN, of Hot Springs,

The author spoke more directly of the treatment of this disease in connection with the use and abuse of certain so-called antisyphilitic remedies. He said, we are unable as yet to form definite conclusions as to the usefulness of sero-therapy in the treatment of syphilis from the most recent researches, but the reports are quite encouraging, and there is hardly a doubt but that it possesses value in at least the tertiary lesions. Fournier believes the good effect to be due not to any specific, but to its rehabilitory effect upon the system. The author said, in closing, that the hot water at Hot Springs was well-known to exert an influence peculiar in its effects for good, and in it we have a veritable Mecca for syphilis. That its action is eliminative, stimulative and antiseptic, and that larger doses of mercury and the iodide of potassium can be given without harm is known to the writer, based upon experience and observation; that its exact or specific action is unknown, and that its value is attested to by the multiplied thousands throughout the country, are propositions that are incontrovertible.

DR. WILLIAM T. BELFIELD, of Chicago, described and presented an instrument for the purpose of securing asepsis in bladder and prostate operations.

THE ELEMENT OF VASCULAR COMPRESSION IN FRACTURE TREATMENT.

This paper was read by DR. THOMAS H. MANLEY, of New York City. The author considered at length the anatomical structure and vascular function as related to fracture. The extent of damage borne by the vessels in a given case of fracture will primarily depend upon the degree and quality of force applied and the line of treatment adopted. In a series of experiments made during the past year on the blood and blood vessels, under a multiplicity of conditions in the lower animals under anesthetics, one question which the author spared no pains to definitely determine was whether in fracture, as a general rule, the circulation to the distal part of the limb was retarded in cases of fracture. Without entering into detail on the great diversity of vascular phemomena observed in a frog's webbing under the microscope, after single, multiple and compound fractures were produced, it will suffice to say that with few exceptions, immediately and for a considerable period of time after the bone was broken, the circulation in the capillaries and the smaller arteries was completely arrested. In several it was found that for several days all the smaller vessels were motionless, and in a few they so remained until after the fractured ends of the bones united. These experiments were extended to the mammalia, the shafts of the limbs of pups, kittens and adult dogs, of different age and of various sizes.

DR. H. O. PANTZER, of Indianapolis, Ind., read a paper entitled

THE SIGNIFICANCE OF FISSURE FRACTURES OF THE ARTICULAR ENDS OF THE LONG BONES.

He reported a case of fissure fracture involving the outer third of the

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head of the radius, having loose attachments to its body. An excessive callus had likewise developed in its site, without affecting a union. This splinter and callus were removed, when reposition of the joint was easily attained. The crepitus felt at the first examination and the failure to find it again, should have suggested fissure fracture in the opinion of the author. When the first dressing was removed, the limb seemed to present a perfect condition, and to promise full restoration. These prospects were changed as soon as passive and active mobilization was begun. The probability is that the attempts at mobilization for this kind of injury were made too soon, and that they were at least partially responsible for the subsequent unfavorable developments. The author concludes that when undue painfulness and subsequent swelling with no gain or even a loss of mobility attends the efforts of mobilization after kindred lesions, we should delay further efforts at mobilization. The possibility of a fissure fracture should be considered in determining the diagnosis and treatment of all cases of joint injury.

DR. E. W. ANDREWS, of Chicago, contributed a paper entitled

IMBRICATION OR LAP JOINT METHOD—A PLASTIC OPERATION FOR HERNIA.

The principle of imbrication or overlapping the several aponeurotic layers of the abdominal wall may enter into other abdominal operations to advantage, as he had repeatedly shown. The present paper referred only to its use in inguinal hernia. Here he makes use of it to supplement and reinforce existing methods without losing sight of their good qualities. While based upon the best modern, open method, and while confessedly an outgrowth experienced with the Macewen, Bassini, Halsted, and similar operations, yet the carrying out of the imbrication idea so far changes the technique as to make it as different from them all as they are from each other, and perhaps entitle it to the term "A new operation." It was impossible, said the author, to describe this operation without going into details concerning those which had preceded it, which he did.

The interlocking or overlapping principle of uniting the musculo-aponeurotic layers of the abdomen is in reality an outgrowth of the author's clinical experience rather than of theory. He adopted at first as an expedient in cases where the Bassini operations seemed difficult and needed supplementing, but of late the value of the principle had seemed to him more and more evident, and he had used it in all his cases. The author concluded as follows: (1) Any successful method of radical cure must be a true plastic operation upon the musculo-aponeurotic layers of the abdominal wall. Cicatricial tissue and peritoneal exudates are of no permanent value. (2) A large strong flap, of any needed size to fill the internal ring. (3) Triplicate layers of aponeuroses. (4) Interlocking of layers giving broad surfaces of union. (5) Shortening of anterior as well as posterior wall of canal, making them mutually supporting, and relieving tension on deep sutures. (6) Cord amply protected.

FURTHER OBSERVATIONS ON THE RADICAL CURE OF RUPTURE BY THE INTRAPELVIC METHOD, WITH ILLUSTRATIVE CASES.

This paper was read by DR. CHARLES A. L. REED, of Cincinnati. In what essential particulars does this intrapelvic method differ from the several methods of radical operation now in vogue? It differs, in the first instance, in the fact that it is intrapelvic, while the others, Bassini's, Halsted's McBurney's, Macewen's, are extrapelvic.

The essential point of difference between Dr. Reed's operation and that of Bassini, consists in (1) leaving undisturbed the extremely tense fascia composing the anterior wall of the ring; (2) in leaving the cord in the position which nature assigned for it, and entirely protected by the normal fascia; (3) in closing the internal ring on the inside of the pelvis, and in protecting it by a strong peritoneal pad; (4) in avoiding the menace to virility arising from a transplantation of the cord, its possible constriction by an artificial ring of tense fascia, and its necessary investment by an inflammatory exudate; (5) in increasing the resistance of the parts

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by fortifying the fascia comprising the anterior wall of the ring, and by increasing and making permanent the obliquity of the cord within its normal canal.

The advantage of the operation consists in securing by the unfolding of the redundant but unattenuated median fascia, the formation of a column which, when consolidated by inflammatory adhesions, has a certain retentive and supportive power the influence of which is of value in preventing recurrence. The anchorage of the recti in the median line restores the retentive power of the wall.

DR. HENRY O. MARCY, of Boston, followed with a paper entitled

SURGICAL TREATMENT OF HEMORRHOIDS.

This paper was in the nature of a reply to the strictures cast upon the Whitehead operation by Dr. Edmund Andrews, of Chicago, in a paper read before the last meeting of the Illinois State Medical Society. Dr. Marcy believes that if in the statistics given by Dr. Andrews the names of the operators were mentioned most of the disastrous results will be found to have followed the work of incompetent men. His results had been excellent in those cases in which he had done the Whitehead operation, slightly modified by himself.

DR. JOHN RIDLON, of Chicago, read a paper on

CLUB FOOT.

He defined it as a distortion of the foot in its relation to the leg. The simple and compound varieties of club foot were dealt with. Nearly all of the congenital cases present the compound variety—equino-varus; a few present equino-valgus; rarely there is seen a simple calcaneus. Of simple equinus, the author had met with but a single instance, and of simple varus and simple valgus, he had seen none. Of the acquired variety, simple equinus is by far the most frequently found; next in frequency we find simple valgus; then equino-varus, calceneo-vargus, equino-valgus, simple varus, and varus in one foot and valgus in the other. The acquired deformity occurs more than three times as frequently as the congenital form. The etiology of the congenital forms was next dealt with, as well as of the acquired forms. Then followed the symptoms, diagnosis and prognosis.

The treatment of club foot is mechanical or operative, or both mechanical and operative. Both of these measures were dealt with at length.

VAGINAL CASTRATION.

This paper was read by DR. E. E. TULL, of New York. The author claimed for this method a lower mortality, a shorter convalescence, and a wider adaptability as it may be practiced in cases too weak for abdominal section.

DR. F. J. GRONER, of Grand Rapids, Mich., read a paper entitled

A NEW PHASE OF CELIOTOMY.

He related a suit for malpractice which had just been terminated in Grand Rapids. The suit was commenced against a doctor some time ago, and was for fifty thousand dollars. The defendant died, but the Court held that the cause of action survived and that the suit could be brought against the estate. The jury returned a verdict for ten thousand dollars. The author claimed that he knew there was no malpractice because he was interested in the case and knew just what was done in the operation. He found fault with the laws which permitted a suit against a doctor to survive his death, and be a menace to the widow and children. The speaker thought that the next legislature should remedy the law. He had the draft of a bill prepared which he thought would remedy the present law, and which he read.

RESULTS OF FIVE YEARS EXPERIENCE WITH INTRA-ABDOMINAL SHORTENING OF THE ROUND LIGAMENTS.

This paper was contributed by DR. J. FRANK, of Chicago. Since his last publication, November, 1889, he had had the opportunity of performing this operation seventeen times, with only one failure, and without any deaths. All of the seventeen cases operated upon were for retroversion, prolapsus, and retroversion with prolapsus of the uterus.

Technique of the operation: The median incision is made a trifle lower than for ordinary celiotomy, the round

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ligament is caught up anteriorly with a sharp or blunt hook, and is then held taut by an assistant. A small full curved needle threaded with fine silk is then passed through the loop of the round ligament and is brought back in the reversed manner through the other half of the loop. No portion of the broad ligament is included in any of the sutures. Too much stress cannot be placed upon this particular procedure of passing a needle through a part of the cord and not around it, for in passing the needle around the cord there is danger of strangulation, as the blood and nerve supply would be entirely shut off by this faulty method of placing the sutures around the ligament.

About fifty per cent of the cases have been under the observation of the author since the time of operation, which in some instances has been as long as two years, and in all of these the uterus retains its corrected position. This operation should be performed in preference to any other in all cases where the uterus is prolapsed or immediately falls back upon replacing it with a uterine sound, and where pessaries and tampons afford no relief, clearly showing that there must be some force which does not permit the uterus to remain in its normal position.

DR. THEODORE A. McGRAW, of Detroit, delivered the

ADDRESS ON SURGERY.

He selected for his subject "The Present State of Our Knowledge of Cancers and Tumors." He said that if we compare the ideas that prevailed relative to these diseases thirty years ago with those which the profession hold today, we would find a change which marks rather a clearer view of the nature of the problem than by actual gain in its solution. Before Virchow, the subject of tumors and cancers were wrapped in the greatest confusion. Tumors were divided and classified in that era according to their clinical histories. They were divided into the innocent, which were looked upon as purely local, and the malignant, which were regarded as due to dyscrasiae, the seat of which was in the blood. Under the influence of the new cellular pathology, the faith in so-called dyscrasiae was abandoned and supplanted by a new doctrine which taught that tumors and cancers resulted ever and always from aberrations in cellular nutrition, development and growth. It may be said that during this time the energies of the profession as far as tumors are concerned, having been confined almost solely to this channel. The most successful attempt to account for the origin of tumors and cancers was that of Cohnheim.

The arguments offered in defense of the parasitic theory of cancer are (1) the microscopic evidences. (2) The frequent occurence of autoinoculation, and the evidently infectious course of the disease in the organism. (3) The endemic occurrence of cancer in certain localities and in rare instances in the same houses. (4) An occasional success in inoculating the disease in animals. The arguments against it are the many instances of hereditary tendency; the general failure of experiences of inoculating, and the fact that metastases occur, not through the transfer from one point to another of parasitic germs, as is usual in parasitic diseases, but by the transmigration of cells bearing the same character as the cells of the original tumor, and subsequent proliferation of the migrating cells and the fact that not only cancers but tumors of all kinds have a greater or less tendency to produce metastases. The tendency exhibited by embryonic remains and histoid tumors to develop into malignant disease.

Dr. McGraw closed by saying that physicians should be better instructed in the means of diagnosis and in the necessity of early operative treatment. And last, but not least, the laity should be induced to assist, not only by liberal contribution of means but by that intelligent co-operation which would lessen our difficulties in collecting evidence and making post-mortems and keeping the sufferers out of the hands of quacks.

DR. C. B. BURR, of Flint, Mich., read a paper on

THE PARANOIAC—A MENACE TO SOCIETY.

He made brief and pointed reference to the numerous recent murders of

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prominent persons by so-called "cranks." What to do with these persons is one of the problems confronting our modern civilization, and is one demanding an answer from students of the subject. We have room enough in our asylums. The trouble is harmless lunatics are kept in confinement, while dangerous paranoiacs are allowed their liberty. These murders disturb the public but a day, and do not scare us into further provision for a safeguard. The public do not sincerely seek advice from professional sources in the matter. No one who has been threatened by a paranoiac would be willing to have his committment settled by a jury without medical testimony as to the danger involved in granting freedom to such an individual. The paranoiac is a menace to society and should be sequestrated. But doubtless the public will continue to view with indifference or approval now and then, the execution of a criminally insane person as sane enough to hang, and vainly hope for a deterrent effect of this example upon other deluded minds

DR. I. N. LOVE, of St. Louis, remarked that doubtless all of us would hesitate to offer criticism on so valable and thorough a paper from such an authority as Dr. Burr. He then related a case in St. Louis where a young man had murdered his wife and child, having become a paranoiac through excesses and debauchery. The entire profession of St. Louis agreed that it was the deed of a paranoiac, yet the country jury declared he was sane enough to hang. He emphasized the fact that often these persons are stimulated to crime by the notoriety; the newspapers should be encouraged to suppress all such items.

DR. HUGH T. PATRICK, of Chicago, called attention to the fact that the fixed illusions began as early in life as five or eight years, and then in such cases measures of restraint should be instituted. These illusions are not always discovered, even by the family physician.

The next paper was by DR. A. E. STERNE, of Indianapolis, entitled

TOXICITY IN HYSTERIA, EPILEPSY AND NEURASTHENIA.

This is one of the most frequent and important etiological factors in these diseases, and one which has received the least attention. The term toxicity should mean functional cellular perversion, causing or being caused by abnormal chemical reactions. The ordinary forms of hysteria are functional. There are, however, no pathologic alterations in the central nervous system itself. We have in many cases a condition of cellular intoxication. It is not necessary that there be any structural change. Many drugs produce a condition similar to hysteria; shock or injury does the same thing. In almost every case there will be some form of cellular malnutrition, and by not seeking after this possibly the physician misses the cause and cure of his case. The female generative organs have no doubt been too often blamed as an etiological factor in hysteria. When actual disease exists in these organs, it should be properly attended to, but the organs are not to be blamed any more frequently than other organs. Again, some of the worst cases of hysteria occur in males. Epilepsy, like hysteria, is a diathesis, but of a more profound nature, but in epilepsy we find true pathological changes which are usually of a vascular nature, in the walls of the vessels, produced by some toxic agent, acting at the same time on the ganglionic cells of the cortex. The attacks of epilepsy may resemble severe hysteria, but there is a fundamental difference. The attacks of the latter are never dangerous, while the former may frequently be so. Neurasthenia is not often complicated by either epilepsy or hysteria. There are three grades of neurasthenia—weakness, prostration and exhaustion. Sexual neurasthenia is essentially a masculine affection, though not always or necessarily resulting from a vicious life. In the treatment of all of these cases the toxic element should always be kept in mind. In certain cases, surgical interference is demanded. Change of scene and environment are the best treatment for hysteria and neurasthenia. Divert the energies into other channels; conserve the remaining vital forces, and add suggestive therapy as much as possible, but do not hypnotize. The weakful state is much better for suggestion. Electricity and the "rest cure" play an important part

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in the treatment of all these conditions. But always conserve every atom of nerve force in every case.

DR BLECH, of Detroit, reported two cases in which he considered there was toxicity of cellular function.

DR. DOUGHERTY, of South Bend, Ind, said it should be remembered that these cases do not all come as reflexes of the generative organs. It has become almost a habit for surgeons and physicians to think so.

DR C. B. PARKER, of Cleveland, said that more care in diagnosis and a deeper investigation into the etiology of these cases might materially assist us in the way of results in treatment.

DR HUGH T. PATRICK, of Chicago, held that traumatic cases must be excluded from this consideration. They come under another class, such as adhesions, etc. He is quite sure that very many of these cases are due to a direct toxemia. Indeed, all conditions which may cause any functional derangement, are in a measure toxic.

DR STERNE, in closing, said he was convinced that the knife was being used too much in these cases. If we can be sure of the lesion, then certainly operate, if it is advisable. Relative to the thyroid enlargement, he is satisfied that there are very many cases of it in hysteria, particularly if the patient be a young lady.

SOME OF THE MORE RECENT METHODS OF STAINING NERVE TISSUE.

This paper was read by DR. HUGH T. PATRICK, of Chicago. It was elegantly illustrated with water color drawings of each of the stains used in nerve tissue, and a most thorough and practical resume of the subject, with its application and technique, was given. He considered the method of Nissl to be the one par excellence for nerve cells. With it, minute changes in the cell structure could be detected, which would elude any other method. The method of Bevan Lewis, while marking an advance in technique, was thought to be less perfect than claimed for it by the originator. It is, however, excellent for hypertrophied neuralgia cells. The beautiful results obtained by the colgi method, as modified by Ramony Cajal, were illustrated and the importance of the discoveries due to it were emphasized. Rosin's stain, which is practically the Ehrlich-Biondi blood stain, gives in some cases almost ideal results. The method of Planter chloride of iron and dinitroresorcin—was illustrated as applied to normal and degenerated nerve fibres, and the doctor thought the method was to have an important future. The method of Marchi was said to excel any other degeneration of from three weeks to three months duration. Allusion was also made to the developmental method of Flechsig, and to an unusual but valuable result of the Weigert-Pal stain, and illustrative drawings shown.

DR. STERNE said that the carmine stain has a particular adaptability for double staining. In bringing out the anatomical details it is practically a necessity. The Nissl stain is the most exact, and for giving an idea of the ganglionic structure cannot be excelled. For all purposes the Marchi method is perhaps the most reliable.

DR. PATRICK said he had simply pointed out the advantages of each method. We want for each case that which will give us the best results.

Then followed a paper by Dr. A. P. BUCHMAN, of Fort Wayne, Ind., entitled

PSYCHOLOGY IN MEDICINE.

The author discussed the subjective and objective relations of mind and pathological conditions. The unit force acting properly is health; abnormal action of this unit is disease. The structure of man is governed by a connected train of associated movements called ether, of the existence of which we can have no anatomical proof; but to which the growth of the body must bear definite relation. Fear, grief, anger, or joy, modify the functions of the vital centers. The sympathetic nervous system is the center of the emotions, and the cerebro-spinal system that of abstraction. Thus we come to psycho-physiology and biochemistry. Thence we step to the subject of hypnotism. The different methods used in producing hypnotism were minutely described; then the possible uses and dangers of hypnotism in medicine were discussed, showing that while good might be done, there was also much danger in its use.

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DR STERNE said it was giving to the hypnotizer a dangerous power. Anyone can hypnotize, as only a certain mental concentration is necessary. The interest in the subject is not so much a medical as a scientific one. There is frequently, if not always, an element of fraud in hypnotism. There is a chance of murderers claiming they were hypnotized.

DR PATRICK emphasized the fact that the hypnotizer has no hypnotic power. It seems almost a farce to discourage this idea, as it was exploded a century ago. It is purely a subjective influence.

DR. BURR remarked that the insane could not frequently be hypnotized. They could, if the hypnotizer had any power in realty. It is possible in epilepsy to do much with it; also in hypochondriasis and melancholia it might be valuable.

DR. BUCHMAN claimed the French Academy had in the past ten years positively demonstrated the existence of hypnotic power.

DR. PATRICK said in rebuttal he did not claim that there was no such thing as hypnotism, but that the hypnotizer had no direct power in himself over the subject hypnotized.

DR. C. J. HELM, of Peru, Ind., then presented a paper on

THE NERVOUS SYSTEM AS A FACTOR IN DISEASE.

The paper was an excellent resume of a great subject, and to make a notice of the points made without free excerpts is impossible. Slight functional disturbances, if constant and continued, may produce actual organic lesions. Change is the great remedy for these troubles, not necessarily of surroundings; but of the waste places in the nervous system, give the forces some new direction. Study your patient in every phase. Get them out of the ruts they have gotten into, and you will have then cured your patients before you know it.

SOME CONSIDERATIONS WITH REGARD TO THE SENILE HEART.

By DR. ROBERT H. BABCOCK, of Chicago. The condition is not always due to or necessarily found in the aged. Importance should always be given to the myocardial changes. Dyspnoea is a most frequent symptom of senile heart, although it occurs in other conditions as well. It finally becomes the almost surely fatal symptom—Chyne-Stokes respiration. Various remedies were advised, and among them the hypodermic use of morphia in a single dose.

DR. FUTTERER of Chicaga, said we sometimes find in these cases a more or less intermittent pulse.

DR. J. B. HERRICK, of Chicago, added his testimony with regard to arrythmia, which he considers a frequent and most important symptom.

DR. BABCOCK said that the intermittence is not necessarily a dangerous symptom, but at the same time any such senile heart is liable to stop during one of these diastolic irregularities coming on suddenly. In Cheyne-Stokes respiration, morphia seemed to act best with small doses of atropine.

DR. FRANK BILLINGS, of Chicago, presented a paper on

INTERCOSTAL NEURALGIA.

The disease is always secondary and consequently in reality only a symptom. It may be due to toxic forms of funotional nerve distrbance, or to pressure by tumors. The functional form is most common, and usually due to a toxemia, or to a defective excretion or malassimilation. Indigestion is a most frequent factor, whether due to the character of food ingested, or to nervous conditions. Insufficient food and lack of outdoor exercise are frequent causes. Intercostal neuralgia occurs oftener in females, usually on the left side. Palpitation is usually present. Gas in the stomach with eructations is always present. In diagnosis we must search for the cause. It may be confounded with pleurisy or muscular cardiac rheumatism. In treatment, remove the cause and give any simple restorative tonic.

DR. W. H. PORTER, of New York read a very exhaustive paper entitled

NEW LIGHT ON THE ROLE WHICH IRON PLAYS IN THE PHYSIOLOGICAL ECONOMY—HOW AND WHERE DOES THE HAEMOGLOBIN COME FROM?

It is not the product of synthesis. It is difficult to formulate a nucleo-albumin. The iron is not excreted by the salivary, gastric or sweat glands.

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The hair uses up some, the urine a slight amount. The bile uses most, but the total in both hair and bile is only one-tenth grain daily. Some writers say that the iron is stored up in the liver, but this is not practicable. The intake and output both being very small, we must conclude that iron in the body is very stable. There is then a question whether iron should be so frequently and indiscriminately used in anaemia.

DR. JOHN NORTH, of Toledo, had almost given up the administration of iron in cases of anaemia. In most cases we should correct the trouble in the alimentary canal, avoid the destruction of the nucleo-albumins, and no iron will be needed.

The paper of DR. JOHN AULDE, of Philadelphia; on

THE ABORTIVE TREATMENT OF TYPHOID FEVER.

Was read by the Secretary of the section. The author reviewed the advantages of guaiacol, carbolic acid, salol, betanaphol and others, and finally gave his own and others experience with arsenite of copper, stating that in his opinion the disease could be aborted at almost any stage by the use of copper arsenite along with appropriate constitutional remedies. As a rule 1,100 gr. should be given every four or six hours. The remedy may be given hypodermically if the disease be advanced to the second or third week.

Dr. GUSTAV BLECH, of Detroit, read a paper on

MEDICINAL TREATMENT OF TYPHOID FEVER.

The author opened his paper with, "There is no specific treatment for typhoid fever." Marchand's hydrozone 1-32 is the most valuable intestinal antiseptic.' Irrigation of bowel with cold water is a necessary adjuvant in all cases.

The two preceding papers along with that of DR. J. E. WOODBRIDGE, of Youngstown, O., on

TYPHOID FEVER AND ITS ABORTIVE TREATMENT.

Were read in succession and discussed jointly.

DR. LOVE said the treatment suggested by Dr. Woodbridge was not original; that all physicians had used the same for years. He protested against the use of the term abort, as he thought it could not be done. Rest is an important factor in the treatment. Typhoid is a matter of diagnosis. He questions the diagnosis of typhoid in some of the cases reported by Dr. Woodbridge.

DR NORTH would change the word abort to miscarriage. The germs do not enter the circulation. If we can discover something which will eliminate the germs, we can thus cut short the attack. The constant study of one disease is the only way to progress. He does not think one can become too enthusiastic, but conclusions can be drawn too hastily

DR. PORTER said abort is an unfortunate and misleading word. We can decrease the intensity and cut shorter the duration of an attack with such remedies. It cannot be abortion in any germ disease.

DR. J. B. HERRICK said in experience with over 1,000 cases of typhoid fever, he is inclined to think that there is no specific for the conditions. For the febrile condition, he does not consider anything equal to the cold bath. Even Woodbridge's treatment is an expectant one.

DR WOODBRIDGE, in closing, made reference to former discussions and papers by himself and others. Even if we could exclude the diagnosis of genuine typhoid in these cases, what better treatment can we find for the condition? When, however, the rose spots appear along with the usual symptoms, we must admit it is typhoid fever, and these cases can all be aborted in a few days.

Dr. E. L. SHURLY, of Detroit, presented a paper on

TREATMENT OF PULMONARY CONSUMPTION IN HOSPITALS.

For many reasons the treatment in general hospitals is not practicable. Other patients and dangers of contagion, whether real or imaginary, are important factors. Homesickness and poverty are also against it. Foreign hospitals for tuberculosis are successful, but the conditions are different in this country. The Harper Hospital, of Detroit, has been the nearest to success of any American institution. Americans are too restless and do not have patience enough to rest the sys-

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tem. The hospital must not only be thoroughly equipped, but located in an equable climate.

DR. GUSTAV FUTTERER, of Chicago, at the same time presented his paper on

THE DIRECT CAUSE OF TUBERCULOSIS.

The history of the disease was given, along with some interesting remarks regarding Koch's work and demonstration of the tubercle bacillus. The means and ways of infection were detailed and the probability of danger to the healthy individual fully demonstrated. Inhalation, food, drink, direct injection of bacillus into wounds, and heredity being the chief means of infection. What can be done to arrest its spread? (1) Early diagnosis. (2) Disinfection by every possible means. (3) Care by the patient. (4) Care by friends and attendants. (5) Personal cleanliness—bathing. (6) Avoid kissing at all times. (7) Teeth and mouth especially clean. (8) Sleep alone. (9) Should not attend public or private gatherings. (10) Be careful of expectoration. (11) Go to special hospitals for treatment.

Scrofulosis and chlorosis were considered in their relation to tuberculosis and treatment and diet for each dwelt upon at length. The curability of consumption depends greatly on whether the patient comes early for treatment. The author's treatment is the oil of cloves. (1) A No. 1 gelatin capsule is filled with pure oil of cloves and taken with a glass of milk every two hours from 8 a. m., to 10 p. m. (2) If the oil is colorated, one capsule should be given every hour. (3) Oil of cloves and cold, pressed olive oil are mixed in equal parts and injected hypodermically, a syringeful once or twice daily. This is continued for four weeks stopped for two weeks, and then resumed.

THE TREATMENT OF ACUTE INFLAMMATIONS OF THE MIDDLE EAR AND MASTOID PROCESS.

This paper was read by Dr. E. B. DENCH, of New York. For convenience, the author anatomically divided the middle ear into two parts by a line drawn through the styloid process Inflammations in the middle ear produce the ordinary results of the same process elsewhere within a cavity lined by a mucus—producing membrane, but because of transfusion, the tissue necrosis is not so extensive, yet there is enough retained to cause an outward bulging of the tympanic membrane. If seen early, free blood-letting should be practiced, and a single dose of an opiate given. Do not give but one dose of the opiate under any circumstances. Also apply dry heat locally. Do not use wet heat. If not seen until later, free opening is the only thing to be advised. The technique of the operation was minutely and carefully described. The more acute and severe the case, the more prompt should be the measures for relief.

An incision should be made often, even when it is known the cavity contains no fluid. The incision does not end the danger; the entire cavity must be thoroughly washed out and made antiseptic by irrigation.

SEQUELAE OF LA GRIPPE.

This paper was read by DR. F. C. HEATH, of Indianapolis. Several cases of eye results were given, and the more common condition of ear complications noticed, with treatment considered.

In the discussion, DR. STRAIGHT thought the stomach was the most frequently affected of all organs. DR. NORTH said quinine given for la grippe had done more damage than any other one thing. DR. WHEELOCK saw two distinct kinds of reaction following in ear cases with periostitis or middle ear abscess.

The Board of Health of Newark, New Jersey, issues a circular for the benefit of mothers, to prevent disease among infants, and sends a copy of this circular to every family in which a birth is reported.

Prof. Osler says that the most common cause of chills in typhoid fever is the administration of antipyretics, such as antipyrin. They depress the temperature and when it rises it may be accompanied with a chill. Guiacal locally to the skin may produce a chill.

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EDITORIAL

WE GREET our readers with our Annual Holiday Number, and wish one and all a Merry and Joyful Christmas and Happy New Year We cherish the hope that you may enjoy many yet to follow.

SOME THOUGHTS ON THE ORGANISM OF MAN.

It is well known that the basis of the structure of all living organisms is of the matter that constitutes the crust of the earth, though it can be scarcely conceivable that such is the fact, and that the primary elements that make up their structures are but few in number. In these, elementary matter is still farther removed from original identity than in the compounds of purely inorganic matter. And further: while the latter have only properties, organized structures have functions, which depend on, or proceed from, peculiarity of structure and a force which operates by that structure. Both are essential to function, but structure, once formed, may continue to exist after the force has separated from it. Hence, this kind of matter is capable of existing in two widely distinct states without change of structure, though with loss of function. These states are life and death; the former

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arising from the presence of a *force* which gives life to the whole body, and hence is called the vital force. The latter state is brought on by the departure of this force from those structures that are essential to the life of the body. In the higher orders of living organisms, other than vital phenomena arise from this force through a specialized organ, and the greatest of these phenomena are those called psychical, and hence must be assigned to a psychical attribute. In man, these phenomena are conspicuous and take a wide range, which may come of his more perfectly developed brain; but, more probably, from a psychic personality which is distinct from his body, or mental nature.

All animals that display marked psychical phenomena possess a brain of high development; and observation and experiment have demonstrated that this is the psychical organ, by which is meant that psychical phenomena are to be assigned to the operations of this organ, not as a secretion, as in others, but simply as the instrument of the psychical force, displaying by it the psychical attribute which it possesses. In animals this psychical force is the vital force, by the operations of which they live and discharge all the functions of life. It is the power, also, that carries the organism from the fertilized cell to the completely developed and matured individual, through all the changes which the primordial cell undergoes by the processes of nutrition, growth, and differentiation. Hence it is the mediate creator of the perfected individual, and we so call it, because a most complex and heterogenous organism is developed by it from a small particle of homogenous matter, which constituted the contents of the primary, fecundated cell. In this cell, all the powers of the matured organism were potential; and the work of differentiation is seen in the diversity of structure and function presented by the completely developed individual of the species, the highest being that of man. Thus we see that there is not only a diversity of structure and function in man's organism, but also a diversity of power inherent in the vital force. It is evident, also, that structure is but the instrument by which this force can exercise its power, and give rise to various phenomena, chief and the most remarkable among which are the psychical or cerebral.

So it appears that vital phenomena are determined by structure, this being perfectly adapted to the purpose or function to be accomplished by this force. This may be called the internal aspect of an organ's molecular structure; but since an organ, by its function, is related to the external world, as the sensory organs, its structure may be said to have an external aspect, so that it may be acted on by external forces, such as those of heat and light, which are really only phenomena resulting from ether vibrations.

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The optic nerve is so constructed as to feel the impulse of these vibrations and transmit them to the living matter of the optic cells, where the vital force receives and perceives them. Light is perceived by no other cells of the body, though its force is felt by other cells. It is, therefore, evident that light exists only because the vital matter of the optic cells can see, as it were, the luminous vibrations of ether, while the sense that feels heat perceives, so to speak, the calorific vibrations of ether, all of which is necessary to the welfare of the percipient being. These phenomena are facts which our philosophy can not explain; but their purpose, however, is evident. These things are alike true of animals.

There is nothing more mysterious and incomprehensible that the perceptive power of animals. We understand the mechanical construction of the eye, and also the anatomy of the optic nerve, and can trace the structure to its origin, but we do not know how it is that the animal sees external objects. The perceiver is certainly that something represented by the vital force, which, in the phenomena of perception and intellection, resembles personality of being, though, for reasons to be stated hereafter, it has not one, at least, of the essential attribuies or characteristics of a psychic person. Hence the vital or psychic force in animals, from which all the psychical phenomena which they exhibit must proceed, is not personal, as appears, but impersonal, even in man. But the same physical laws govern phenomena in man and animal alike.

As respects sight, for instance, they perceive objects in the same way as does man. Images on the retina are reversed in both, and the impression corrected in the same way. So far, therefore, as the organism and the phenomena that belong to it are concerned, there is no superiority on the part of man over animals except as to the things which arise from a more completely differentiated and developed structure, as presented by psychical phenomena. In both, the range of psychical powers is prescribed by, and limited to, development and completeness of structure, as seen in the relative perfection of the cerebral organ, in the higher orders of animals.

There is a prescribed and normal limit to the functional power of every organ in the body, which limit is marked by the highest development to which the function can be carried. Thus, the muscular tissue is sometimes developed to an extraordinary extent, and the same may be said of the psychical function of the brain. But in respect of the latter, the psychical faculties of man take a very wide range and extent, which can not be explained by his superior brain, for the difference in development does not correspond to the difference in their intellectual faculties and the extent to which they may be developed by training. The intelligence of a child two

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years old far exceeds that of any animal, and yet its knowledge at this age bears no comparison to that possessed after many years of culture. Here men differ very widely and the difference cannot be ascribed to structural development of the brain. We can not know the structural capacity of the animal mind of man. It may be cheerfully admitted to be much greater than that of the animal, but still this superiority over the animal can not account for the work he has done in the wide field of intelligence. Some other psychic power must lie beyond the animal, though connected with it, and of such psychic sweep as to explain all the triumphs of his genius, intelligence and learning in the vast fields of letters and science. Where this intellectual power resides remains for further consideration of this wonderful macrocosm.

The essential difference between the psychic force of the animal and the psychic entity of man is that the *force* is necessarily impersonal, and the *entity* personal and psychic in his entire being, from which facts it follows that the structural instrument of the force is temporal, and consequently perishable, and that the being of man is eternal, and consequently imperishable, being of the nature of that which we speak of as spirit. In this conception, man is a personal psychic being, in temporary connection with an animal organism, and for a purpose which concerns the interests of the spirit being only.

The psychical phenomena which man displays are involved in some ambiguity as to their origin, by the fact that his spirit-being has no avenue into the external world but the psychic force of his organism, which manifests psychic phenomena in no way distinguishable from those of the indwelling Ego, which phenomena proceed from like psychic attributes.

But if we can discover an attribute or faculty in man, which animals have not, this fact would at once, and of itself, mark the man as a being distinct from the animal, and thereby enable us to assign, and also justify us in assigning the wonderful psychic power which he exerts in his master works, to the Ego. Such an attribute we have in consciousness. There is no ground for believing that any animal, after the best possible training, possesses the idea of personal identity, and hence not the consciousness of identity. The thought that he is the same being today that he was a year before, or even a day before, can not be considered as possible to an animal, and for the best of reasons—that he is not a person. This is not reasoning in a circle; but the simple statement of a fact that corroborates another.

Consciousness of personality is necessarily the mental act of psychic being, and may be held as demonstrative proof of personality, and also as establishing the fact that a psychic Ego constitutes the man,—the real,

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actual being. This being so, it follows that the animal organism is but an instrument designed to connect the Ego with the world about him, and thereby accomplish the purposes of his being, both as a member of the series of living organisms of the earth (chiefly the perpetuation of the race), and as a spirit-being, sustaining relations as such that are not fully established and realized during the life of the body.

Such being the constitution of man's being in its entirety as "body, soul and spirit," it is evident that the instrument should be as perfect as possible, and especially as respects that part of the instrument which is adapted to, and which affords an adequate avenue for, the operations of the faculties of his psychic being. As the knowledge which this being is to acquire of things without, avenues are provided through which this knowledge can be had. These avenues are chiefly the organs of sight, hearing, and feeling. Through these he comes into contact, as it were, with the external world; though these faculties look out on objects and phenomena, as one looks out through the windows of his house, and ponders on what he sees, employing the animal mind as the instrument or medium by which thoughts are transmitted to the mind within, and the animal senses through which the Ego sees, feels and hears. But in the objects and phenomena observed, he sees far more than does the animal agent. He puts the facts and phenomena together, discovers their relations, and reaches conclusions which may form but the elements of other and greater deductions, and discovers at length the great scheme of the world and much of the universe of matter. This psychic being teaches the animal mind how to construct instruments and employ agencies, which can aid the organs of sense of the animal, and thereby bring within the sphere of the senses objects and phenomena which lie far beyond the natural limits of natural organs. Thus the animal eye is applied to the telescope, microscope, and spectroscope, and lo! new worlds and phenomena are revealed to the eye that stands behind that which peers through the instruments. A monkey might be taught to see the same objects through these instruments; but what the man sees he can not see, or understand what falls on the retina of his eye. He may see glittering objects shining with a silvery light, but he can not know or understand what they are. But the man notes more than the shining points. He sees that they move, and watching their motion, he discovers and makes out their paths, and the relations which one sustains to another. And not only such things, but he can trace backward uranic phenomena through centuries, and determine the date of particular or important events in man's most eventful history. There must, therefore, be an intelligent persona being in man, that stands behind his organism, and looks out through the

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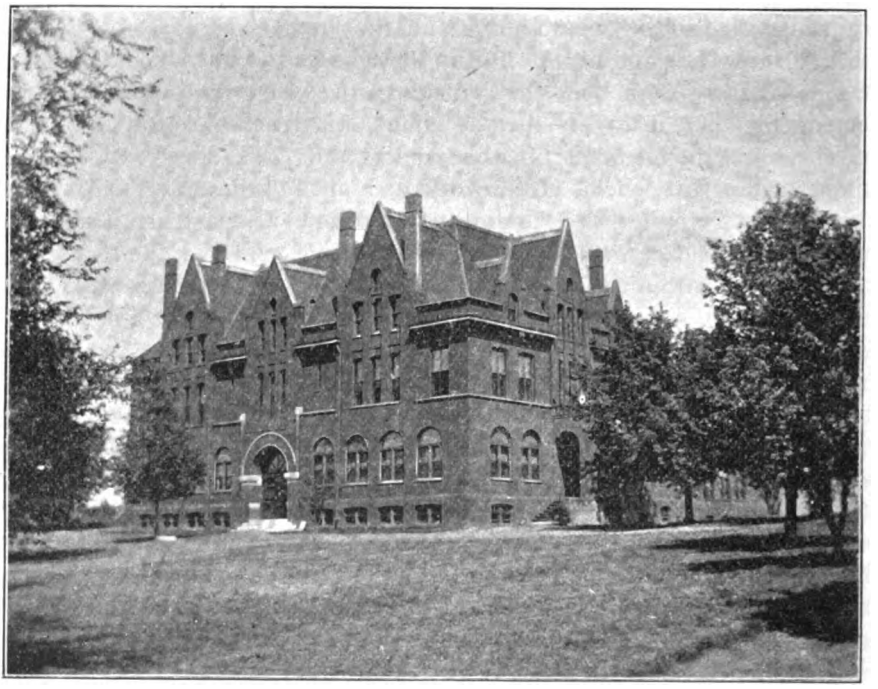
avenues afforded by it on and over the vast fields of the earth, and out and on the still vaster field of the material universe, and gathers from the objects which he brings into view, a further insight into that mind that designed and constructed the whole, and adjusted the immense and well nigh numberless masses of matter, to the forces that hold them steadfastly in their orbits and sweep them through space with surprising velocity. Here in man is a mind that approaches that of the Infinite, though its approach resembles that of the lines of the asymptote,—always nearing, but never meeting. What man has already done is amazing beyond expression; but what he shall yet do before the end comes, lies beyond the conception of even the greatest that has been, or is, or shall be. In his capacities, accomplishments, and possibilities, we find an ample explanation of what has been, or is, or shall be, while he continues the prime and chief factor of the material and organic worlds.



THE HOME FOR LITTLE WANDERERS, ST. JOSEPH, MO.

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ST. JOSEPH'S ELEEMOSYNARY INSTITUTIONS.

THE HOME FOR LITTLE WANDERERS.

By DANIEL MORTON, M. D., St Joseph, Mo.

The Home for Little Wanderers of St. Joseph, Mo., is an orphans' home, conducted under the management of "The Ladies' Union Benevolent Association," an organization composed of Protestant ladies. Twenty-one years ago this association was organized in a quiet, unostentatious way. It had no funds, it had no house in which to put the unfortunate whom it proposed to shelter, but it was composed of a band of earnest women who were willing to work. By solicitation of money, by giving entertainments, and by various other means a little money was gathered, a frame house rented, and the work begun. From that time to this the association has steadily done a charitable work that has commanded the respect and support of the city of St. Joseph, and no charity has ever commanded the entire confidence of the public more than this. For many years the support was entirely by public donation. The association could count on nothing ahead, but each month found it with sufficient funds to liquidate all expenses, and not a dollar of indebtedness has ever been incurred. The citizens finally bought property and gave it to the association, and here for many years its work was done, until the size of the building became inadequate for the number of applicants for aid. During all these years a merchant of St. Joseph had quietly watched the progress of the association and had been a constant contributor to its support. He had long desired to found an orphans' home, and had been on the lookout for some organization that had demonstrated by actual work its ability to properly manage such an institution Becoming satisfied that The Ladies' Union Benevolent Association was the organization he was searching for, he determined to place his contemplated institution under its management.

One day, therefore, Mr. C. W. Noyes called at the home of Mrs. John A. Dolman, the president of the association, explained to her his proposition, and asked her if the association would undertake the work. Before this not an intimation had been given that such a thing was intended, and the suddenness of such good fortune completely overcame Mrs. Dolman, who could not believe that she had properly understood Mr. Noyes' proposition, and she therefore sent for him again and had him repeat the offer. Not till then could she realize that it was all true. When it is understood what Mr. Noyes proposed to do, her incredulity will be readily understood. His proposition was to buy a tract of land near the city, to erect upon it a building at a cost of $25,000, to furnish it, and to bear the expense of its maintenance until such time as it could be properly endowed by himself. Every condition of this proposition has been literally fulfilled, and today "The Home for Little Wanderers" stands a monument to his kindliness of heart for helpless children. The building is of pressed brick, three stories, steam-heated, modern in every respect, and has a capacity of one hundred inmates. The engraving accompanying this article gives a good idea of its appearance. The grounds consist of eight and one-half acres. The endowment consists of real estate in the business center of the city valued at $60,000. From the income of this endowment the Home is supported. The president of the Ladies' Union Benevolent Association is Mrs. John A. Dolman. The trustees of The Home for Little Wanderers are M. S. Norman, John D. Richardson and M. A. Reed. The officers of The Home for Little Wanderers are: Mrs. Anna Curtis, Matron; Dr. Daniel Morton, Attending Physician; Dr. M. F. Weyman, Oculist and Aurist. In another article will be given an account of The Memorial Home for Aged People, another institution under the management of The Ladies' Union Benevolent Association.

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Western Association of Obstetricians and Gynecologists.

The fifth annual meeting of this flourishing society will occur in Kansas City, December 27th and 28th, at the Midland Hotel. From the number of excellent papers upon the program, this meeting promises to surpass any previous one in interest, and the Secretary, Dr. T. J. Beattie, assures us that no pains will be spared to make the occasion an enjoyable one to all visitors. Kansas City has a name for hospitality well established, and we, therefore, predict a large attendance. The date is most opportune, being midway in the holiday season, when all good doctors should be afforded a season of recreation. The January HERALD will contain a full report of the meeting. Following is the program:

MORNING SESSION.

December 27, 1895, 10 o'clock.

Organization.
Report of Executive Board.

PRESENTATION OF PAPERS.

1. The Types of Operations Indicated in Cancer of the Uterus.—Dr. J. E. Summers, Jr., President, Omaha, Neb.
2. Pregnancy Complicating Fibroid Tumor of Uterus.—Dr. C. E. Ruth, Keokuk, Iowa.
3. The Natural History of Uterine Fibromata with Practical Deductions.—Dr. B. B. Davis, Omaha, Neb.
4. Pelvic Surgery by the Vaginal Route.—Dr. C. Lester Hall, Kansas City, Mo.
5. Perpetual Tetanus.—Dr. W. F. Sawhill, Concordia, Kan.

Adjournment for dinner.

AFTERNOON SESSION.

December 27, 1895, 2 o'clock.

6. Progress in Gynecology.—Dr. H. C. Crowell, Kansas City, Mo.
7. Tubercular Disease of Uterine Appendages and Peritoneum.—Dr. D. S. Fairchild, Clinton, Iowa.
8. Appendicular Inflammation.—Dr. J. H. Van Eman, Kansas City, Mo.
9. Report of Two Cases of Simulated Pregnancy.—Dr. I. C. Barnes, Topeka, Kan.
10. A Plea for Conservatism in Treating Pelvic Inflammation.—Dr. Geo. Halley, Kansas City, Mo.
11. Title not announced.—Dr. C. C. Allison, Omaha, Neb.
12. Pelvic Suppuration in Women.—Dr. C. W. Adams, Kansas City, Mo.

MORNING SESSION.

December 28, 1895, 10 o'clock.

13. Three Cases of Extra-Uterine Gestation Within the Past Year.—Dr. J. C. Shrader, Iowa City, Iowa.
14. Why Forceps Should be Used More Frequently in Obstetric Practice.—Dr. L. A. Berger, Kansas City, Mo.
15. A Plea for More Surgery in Chronic Diseases of the Female Pelvic Organs.—Dr. M. B. Ward, Topeka, Kan.
16. Paper.—Dr. J. W. Young, Bloomfield, Iowa.
17. Report of Three Abdominal Cases.—Dr. W. L. Ross, Omaha, Neb.
18. Several Interesting Cases of Appendicitis.—Dr. J. M. Emmert, Atlantic, Iowa.

Adjournment for dinner.

AFTERNOON SESSION.

December 28, 1895, 2 o'clock.

19. Paper.—Dr. A. L. Wright, Carroll, Iowa.
20. Management of Sub-Involution of the Uterus.—Dr. C. A. Dannaker, Kansas City, Mo.
21. Paper.—Dr. W. J. Williams, Adel, Iowa.
22. Management of Mother During the Lying-in Period.—Dr. J. W. Cokenower, Des Moines, Iowa.

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The Physician's Library.

THE PHYSICIAN'S VISITING LIST FOR 1896; By P. Blakiston, Son & Co., Phila.

The contents consist of a Calendar for 1896 and 1897; a Table of Signs for the physician for his own use; Table of Weights and Measures, and for the Conversion of Apothecaries' Weights and Measures into Grams; Dose Table; Comparison of Thermometers; Notes on Asphyxia and Apnoea; Table for Calculating Periods of Utero-Gestation; and pages for Special Memoranda for 25 patients a week. Good paper and Morocco binding, with a pocket for prescription or powder blanks.

AN AMERICAN TEXT-BOOK OF OBSTETRICS FOR PRACTITIONERS AND STUDENTS; By James C. Cameron, M. D., Edward P. Davis, M. D., Robert L. Dickinson, M. D., Chas. Warrington Earle, M. D., James H. Ethridge, M. D., Henry J. Garrigues, M. D., Barton Cooke Hirst, M. D., Charles Jewett, M. D., Howard A. Kelley, M. D., Richard C. Norris, M. D., Chauncey D. Palmer, M. D., Theophilus Parvin, M.D., George A. Piersol, M. D., Edward Reynolds, M. D., Henry Schwarz, Richard C. Norris, M. D., Editor, Robert L. Dickinson, M. D., Art Editor. With nearly 900 Colored and Half-Tone Illustrations. W. B. Saunders, Publisher. Philadelphia. 1895. Pp. 1000.

In this book we have another in the Series of American Text-Books issued by W. B. Saunders, of Philadelphia, a symposium on the subject of Obstetrics, so complete and satisfactory as to leave but little, if anything, to be desired. The ability of those engaged in its production is enough to assure us that nothing of importance has been omitted or overlooked, and that this work has been well done. The editor tells us that "the special design in preparing this volume was to make clear those departments of obstetrics that are at once so important and usually so obscure to the medical student." Therefore the obstetric emergencies, the mechanics of normal and abnormal labor, and the various manipulations required in obstetric surgery are all described in great detail, the text being elucidated with numerous illustrations and diagrams which will materially assist the student to grasp the complex problems of operative obstetrics. * * * An effort has been made to render attractive the sections upon Anatomy and Embryology. The illustrations are more than usually good. Altogether the work stands in the front; and the student or practitioner who shall supply himself with a copy, will find it a treasure which will become the dearer as he becomes more and more familiar with its pages. It is sold only by subscription, Cloth, $7.00; Sheep, $8.00; One-half Russia, $9.00.

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A TREATISE ON THE NERVOUS DISEASES OF CHILDREN, FOR PHYSICIANS AND STUDENTS; By B. Sachs, M. D., Professor of Mental and Nervous Diseases in the New York Polyclinic, etc., etc. New York: Wm. Wood & Co.

This book was needed by physicians and students. It makes plain many subjects wherein the ordinary text-book on nervous diseases is obscure. The methods of examining children afflicted with nervous diseases are particularly well presented. The text is plain, the plates well wrought and the scientific arrangement in accord with the best knowledge on that subject. The book will not disappoint anyone who shall add it to his library.

A HAND-BOOK OF MEDICAL DIAGNOSIS FOR STUDENTS; By James B. Henick, A. B., M. D., Adjunct Professor of Medicine, Rush Medical College; Professor of Medicine, Northwestern University Woman's Medical School, etc., etc. Lea Bros. & Co., Philadelphia.

This book would be better called a hand-book of practical medicine. It contains a good synopsis of medicine up to the present time, but as an aid to diagnosis is far inferior to many books now on the market. The volume is particularly weak in our judgment, in differential diagnosis. On the whole, one is impressed with the fact that the book has been hurriedly written and lacks that perfection of detail to be found among books written by American masters in medical diagnosis.

MATERIA MEDICA AND THERAPEUTICS. A Practical Treatise with Especial Reference to the Clinical Application of Drugs. By John V. Shoemaker, A. M., M. D., LL. D., Professor of Materia Medica, Pharmacology, Therapeutics, and Clinical Medicine, and Clinical Professor of Diseases of the Skin in the Medico-Chirurgical College of Philadelphia; Physician to the Medico-Chirurgical Hospital, Philadelphia, etc., etc. Third Edition, Thoroughly Revised. Reset with New Type and Printed from New Electrotype Plates. Royal Octavo, Pages ix, 1108. Extra Cloth, $5.00 net; Sheep, $5.75 net. Philadelphia: The F. A. Davis Co., Publishers, 1914 and 1916 Cherry Street.

The third edition of this work, having been thoroughly revised and somewhat remodeled, has made its appearance. Formerly it was issued in two volumes; it now appears in one—a very good change. There are so many new remedies coming into use, and new uses of old remedies, that one can scarcely keep pace with changes and improvements. Besides the usual consideration of drugs, the author has given more than 200 pages on "New Pharmical Remedies and Expedients employed in Medicine not Classed with Drugs." Among these are the ordinary physical forces of heat, light and electricity; cold, massage, rest; some of the gases, as oxygen, ozone, hydrogen dioxide, nitrous oxide, and medicated vapors.

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There is a chapter on Hydrotherapy and Balneotherapy, Mineral Springs; Climate, Diet, and Hypnotism, which ought not to have had a place in so excellent a work; yet it may be plead in defense that there are spots on the sun. An author of a work of this kind can not be expected to endorse every remedy or so-called remedy that he may put into his book. There is enough good in it, and more than enough, to meet all the wants of a practitioner.

THE MEDICAL RECORD VISITING LIST AND PHYSICIAN'S DIARY FOR 1896. New Revised Edition. With Calendar, Tables of Doses, Tables of Equivalents, Directions for Emergencies, Miscellaneous Facts, Special Memoranda, Cash Account, etc., etc. 30 and 60 patients per week, bound in black or red morocco *leather* with flap, $1.25 and $1.50. Circular on application. William Wood & Company, Publishers, New York.

The Physician's Visiting List for 1896 is one of the neatest and most practical that it has beed our privilege to examine and possess. Its calander is arranged for the half year preceding and following the year 1896. The thirty pages of printed matter which preceed the Visiting List proper contain much information that in the course of a year will doubtless often prove to be very helpful to its possessor, however eminent a practitioner he may be. Thirteen of these pages are filled with the maximum adult doses (by the mouth) of drugs new and old, both in and out of the U. S. P.; those which are *official* are properly designated. The aim of the work is to give chiefly those facts of which one stands in need when called upon in an emergency to treat such cases as poisoning, drowning, epistaxis, etc. The Visiting List proper is very conveniently and adequately arranged. The paper used is of the very best quality and so thin as not to render at all bulky the largest size, viz., that for sixty patients per week. It has not merely its three cut edges gilded but, in our opinion, it can be truly said that it is a work "gilt edged" thro' out.

THE INTERNATIONAL ENCYCLOPEDIA OF SURGERY. A Systematic Treatise on the Theory and Practice of Surgery; By Authors of Various Nations. Edited by John Ashhurst, Jr., M. D., LL. D. Vol. VII. Supplementary. Pp. 1082. Wm. Wood & Co., Publishers, New York. 1895.

This volume is supplementary to the preceding six, the last revision of which appeared about seven years ago, and is designed to supply what has been done during this interval. The editor states that the aim in view in preparing this volume was to avoid, as far as seemed necessary, repeating what the reader may already possess. Such subjects as have become prominent since the last issue, as Cerebral Surgery, have been given due consideration, and the best of what has appeared in journals or books, has been utilized. Forty-eight distinguished surgeons have taken part in the preparation of this work, as follows: Inflammation, Harold E. Ernst, M.D.;

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Wounds and Wound Treatment, Fred Krammerer, M. D.; Diseases Complicating Wounds; Erysipelas, Septicemia, Pyemia, and Hospital Gangrene; Gun-Shot Wounds, P. S. Connor, M. D.; Poisoned Wounds, John H. Packard, M. D.; Hydrophobia, J. McFadden Gaston, M. D.; Scrofula and Tuberculosis, F. Forchheimer, M. D.; Rachitis, J. Lewis Smith, M. D.; Abscesses and Ulcers, Henry R. Wharton, M. D.; Gangrene and Gangrenous Diseases, E. M. Moore, M. D., Anesthetics and Anesthesia, A. I. Bouffleur, B. S., M. D.; Amputations, John H. Ashhurst, Jr., M. D.; Tumors, B. Farquahr Curtis, M. D.; Gonorrhea, J. Wm. White, M. D.; Chanchroid, F. R. Sturgis, M. D.; Syphilis, Arthur Van Harlingen, M. D.; Surgical Diseases of the Skin and its Appendages, J. Abbot Cantrell, M.D.; Diseases of the Cellular Tissue, Samuel Ashhurst, M. D.; Injuries of the Blood Vessels and Aneurism, Louis McLane Tiff, M. D.; Surgical Diseases of the Vascular System, John A. Wyeth, M. D., assisted by W. W. Van Arsdale, M. D.; Injuries and Surgical Diseases of the Lymphatics, Chas. B. Nancrede, A. M., M. D.; Injuries and Diseases of the Nerves, John B. Deaver, M. D.; Injuries and Diseases of the Bursæ, Charles B. Nancrede, M. D.; Injuries of the Bones, John H. Packard, M. D.; Diseases of the Bones, Chas. W. Dulles, M. D.; Injuries of the Joints, Edmund Andrews, M. D.; Diseases of the Joints, Robert W. Lovett, M. D.; Excisions and Resections, John H. Ashhurst, M. D.; Orthopedic Surgery, De Forrest Willard, M. D.; Injuries of the Head, Charles B. Nancrede, M. D.; Surgical Diseases of the Head, W. W. Keen, M. D.; Injuries of the Back, Lewis A. Stinson, M. D.; Diseases of the Spine, De Forrest Willard, M. D.; Injuries and Diseases of the Eye, Charles W. Kollock, M. D.; Injuries and Diseases of the Ear, Albert Buck, M. D.; Diseases and Injuries of the Nose and its Accessory Sinuses, Ralph W. Seirs, M. D.; Injuries and Diseases of the Face, Cheeks and Lips, John B. Roberts, M. D.; Injuries and Diseases of the Mouth, Tongue, Palate, aud Jaws, J. Ewing Mears, M. D.; Intubition of the Larynx, H. R. Wharton, M. D.; Injuries and Diseases of the Chest, Richard H. Harte, M. D.; Diseases of the Breast, Maurice H. Richardson, M. D.; Injuries and Diseases of the Abdomen, Albert Vander Veer, A. M., M. D., Ph. D.; Hernia, John A. Wyeth, M. D.; Intestinal Obstruction, John Ashhurst, Jr., M. D.; Diseases of the Rectum and Anus, Charles B. Kelsey, M. D.; Diseases of the Bladder and Prostate, Hunter McGuire, M. D.; Urinary Calculus, E. L. Keyes, M. D.; Injuries and Diseases of the Urethra, Thomas R. Neilson, M. D.; Injuries and Diseases of the Male Genital Organs, Gwilynn G. Davis, M. D.; Ovarian and Uterine Tumors, Chas. B. Penrose, M. D.; The Progress of the Caesarean and Porro-Caesarean Operations and Removal of Symphysecotomy, Robert P. Harris, M. D.; Injuries and Diseases of the Female Genitals, Theophilus Parvin, M. D. The work is sold only on subscription. To those who have the preceding volumes, this volume is put at Cloth, $6.00; Leather, $7.00, and Half-Morocco, $8.00. To all others the price is 50 cents additional.

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THERAPEUTIC CULLINGS.

APOLYSIN: A NEW ANTIPYRETIC AND ANALGESIC.

BY DRS. L. V. NENCKI AND J. V. JAWORSKI.

As a study of the relation between pharmaco-dynamic action and chemical constitution amongst several aromatic compounds, the new remedy, Apolysin, has lately been the object of much attention in the Warsaw and St. Petersburg hospitals.

Apolysin is nearly related to phenacetin, with this difference, that instead of being an acetic acid derivative of para-phenetidin, citric acid takes the place of acetic acid. Apolysin is a yellowish white crystalline powder of acid taste, though not so distinctly acid as citric acid itself, which dissolves in cold water in the proportion of 1 to 55, and in hot in any proportion. It melts at 72 degrees Centegrade. In other respects Apolysin closely corresponds in chemical behavior to phenacetin.

Present knowledge of pharmacodynamic relations indicated that Apolysin from its constitution would be non-poisonous, split up into paraphenetidin, ethyl and citric acid in the organism, producing a reduction of temperature and analgesia, and the phenetidin eliminated in the urine in the form of a glycuronic or sulpho compound.

The absence of toxic properties in Apolysin was proved by experiments on frogs and rabbits, one, four and 8 per cent aqueous solutions being gradually injected in the proportions of ½ to 4 parts Apolysin to 1,000 parts animal body-weight. The frogs as well as the rabbits bore the injections well and without any disturbance to the health or general condition. The products of the decomposition of Apolysin were found in the urine of the rabbits combined with sulphuric acid. The urine possessed the same behavior towards reagents as after the administration of phenacetin. Compounds of glycuronic acid could not be discovered.

Before administration of Apolysin to fever patients its antiseptic action was first tried on animals. For this purpose two rabbits were taken, in one of which diphtheritic toxine, in the other a pure cultivation of pyogenous streptococci was injected. The temperature of the animal inoculated with toxine rose after three hours to 39.6 degrees C., and on the afternoon of the second day to 39.9 degrees C., 1 c.c. of a 10 per cent aqueous Apolysin solution was injected. The temperature rose in the evening to 40.5 degrees C., but on the next day the morning, afternoon and evening temperatures were 40.1 degrees, 39.5 degrees, and 39.2 degrees C., respectively, and on the fourth day at the same haurs, 39.5 degrees, 30.1 degrees, and 39.0 degrees C. The second animal inoculated with pyogenous culture exhibited a temperature of 40.3 degrees C. in the evening, and the next morning at 40.1 degrees C., 1 c.c. of a 10 per cent aqueous Apolysin solution was injected at 11; at 12 o'clock the temperature fell to 39.4 degrees C., at 3 o'clock at 39.3 degrees C., at 7 o'clock 40.2 degrees C., and at 9 o'clock 40.1 degrees C.

Progressing to clinical observation, Apolysin has been employed for the purpose of testing its antipyretic and analgesic properties in the following cases: Four cases of croupous pneumonia, one case of scarlatina, one case of abdominal typhus, thirteen cases of influenza, two cases of puerperal fever, one case of pyaemia, five cases of angina follicularis, one case of facial erysipelas, three cases of hemicrania, two cases of sciatica, seven cases diagnosed generally as cephalalgia, three cases of neuralgia nervi trigemini, one case of neuralgia cervico-occipitalis, and two cases of neuralgia plexus lumbalio. The Apolysin was generally administered alone in powder form, in doses of fifteen grains three times daily at intervals of an hour, and only in a few cases was it combined with bromides, and twice with caffiene salts.

From these investigations and clinical observations the following conclusions have been determined: Administered internally Apolysin has an antithermic action on fever patients, and, simultaneously with the fall of temper-

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ature, brings about the disappearance or abatement of quite a series of symptoms, especially painful symptoms.

In neuralgias, Apolysin has an analgesic action, diminishes hyperaesthesia, shortens the durations of single attacks and often causes the symptoms to disappear entirely.

Thanks to its chemical constitution, Apolysin acts quickly and safely, and, as far as the observations have been conducted, does not cause any unpleasant symptoms.

The administration of Apolysin is contraindicated on empty or fasting stomachs, or where there is an excess of acid secreted.

Apolysin is easily soluble, and is therefore more quickly absorbed and more reliable in its action than phenacetin and similar remedies.

Apolysin is practically non-toxic, and consequently can be given in large doses in order to produce analgesic and antipyretic effects rapidly, without danger of bye-effects. Herein lies the principal advantage of Apolysin.

PEROXIDE OF HYDROGEN.

By J. P. PARKER, PH. G., M. D., of St. Louis, Mo.

Annals of Ophthalmology and Otology, of St. Louis, Mo., April, 1895.

I have used peroxide of hydrogen quite extensively for cleansing discharging ears, the nasal and accessory cavities, and have tried all the brands of the preparation in the market, and once thought one manufacturer's make as good as another, and bought the cheapest as a matter of economy, but recent experience has taught me the difference in quality is greater than the difference in price. After an unpleasant experience with a solution of peroxide of hydrogen which severely injured the mucous membrane, I bought and examined, chemically, a bottle of each preparation of H_2O_2 in the market, and was surprised to find so much difference. Some are useless, and others worse than useless, because they contain too little available oxygen and too much free acids (phosphoric, sulphuric, hydrochloric). I now order Marchand's (medicinal) exclusively, because I find it contains the desired quantity of available oxygen and not enough free acid to be objectionable, and its keeping properties are all that could be desired.

By inquiry I learn that Marchand's is the preparation that is used by almost all surgeons, and it is considered by them the standard.

(My personal experience with peroxide of hydrogen confirms entirely the statement of Dr. J. P. Parker. I have used exclusively Marchand's brand until lately, when I experimented with hydrozone. Then I gave up entirely the use of peroxide of hydrogen and use hydrozone on account of its strength, which cannot be compared with any other brand, even Marchand's. I must say that the results which I obtained with hydrozone are most gratifying.—Ed. Times and Register.)

DOVER'S POWDER MODIFIED.

By WILLIAM F. WAUGH, A. M., M. D., Professor of Practice, etc., Illinois Medical College.

Dover's powder is one of the few relics of mediaeval polypharmacy that have retained their popularity, even in this age of scientific medication. The formula was one of those happy combinations where each ingredient favorably influences the other. While opium constipates and checks the secretion of digestive ferments, the tissue metabolism and the excretion of toxines by the liver and the kidneys, ipecacuanha antagonizes each and every one of these actions. Opium prevents the nauseant action of ipecacuanha and its tendency to cause griping. Both drugs increase the secretion from the skin and the bronchial mucous membrane, relax the vaso-motors and allay fever, especially when due to inflammation of the respiratory apparatus. The potassium sulphate acts as a laxative, even in the small quantity present in an ordinary dose of Dover's powder.

In arranging this compound for use in a granule, the alkaloids were employed instead of the crude drugs, while the potassium sulphate was replaced by camphor monobromide.

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Many physicians have recommended the use of potassium bromide, instead of the sulphate in the ordinary Dover's powder; while for many of the uses of this powder camphor is a valuable adjuvant. To break up colds, cure coryza, prevent the attacks of local inflammation that so often follow exposure to cold or wet, to relieve coughs, diarrhoeas or mild attacks of dysentery, camphor harmonizes well with the ipecacuanha and opium.

The granule is one of the best remedies for coughs I have ever employed. Time and again I have received letters from strangers living at a distance from Chicago, asking me to send them the prescription for these granules, some of which had been given them by patients they had met. The efficacy of the combination in many cases of intestinal flux is no less marked. In children and adults, when peristalsis exaggerated, there is no better sedative to the irritated bowel. When given to prevent or break up a cold, a full dose should be taken, with a glass of hot ginger tea and a hot bath as adjuvants. If the depression be great twenty drops of spirits of camphor will prove a better addition than any alcoholic stimulant. In many cases, also, where opium must be employed, this is a less objectionable and dangerous preparation than any other. It may be that there is a "Dover's powder habit," but I have never seen a case.

(We asked for the above by Dr. Waugh, being much interested in and much pleased with this preparation, and believing that at this season of the year we could not do better for our friends than to bring it to their attention. The formula is scientifically arranged, and if the granule is accurately and carefully compounded, the results of its proper application will be all that can be desired. We heartily indorse it and recommend it to our friends, believing that it will fill a niche in daily practice heretofore more or less vacant. Samples can be obtained of the granule manufacturers. — Ed.) — Alkaloidal Clinic.

A post-graduate medical school has been established in Washington, D. C.

ANALGESIA AND SEDATION AN ESSENTIAL ADJUNCT TO TREATMENT.

By JNO. J. SULLIVAN, M. D.,
University of the City of New York.

On account of the frequency with which pneumonia in late years is accompanied with grippal symptoms, the treatment, to a great extent, has been modified or changed. The essential features in the result desired are a diminution of the pain and a lowering of the temperature. Opinions differ as to whether a reduction of the temperature influences the course of the disease, but a concensus of opinion is that antipyretic treatment is distinctly called for in the beginning, and an analgesic at all times, if needed to assuage suffering. The antipyretic should be antikamnia, and the analgesic is supplied by codeine and antikamnia together. This is given every three or four hours in tablets containing 4½ grains antikamnia and ¼ grain codeine throughout the period of congestion and consolidation. Where there is great restlessness, this will have a delightful effect.

In the nocturnal pains of syphilis, in the grinding pains which precede labor, and the uterine contractions which often lead to abortion, in tic-douleureux, brachialgia, cardialgia, gastralgia, hepatalgia, nephralgia and dysmenorrhoea, immediate relief is afforded by the use of this combination, and the relief is not merely temporary and palliative, but in very many cases curative.

In the neuroses of the respiratory organs, great relief is afforded by the use of this combination. A paroxysm of asthma is often cut short by a full dose; hay-fever or autumnal catarrh is benefited by its use.

In the harassing cough of phthisis, or in the pain of pleuritis, in the painful sensations accompanying bronchitis when the tubes are dry and irritable—as they usually are—the blending of codeine and antikamnia will not be found wanting in its action, but will give results that are both gratifying to the patient and the medical attendant. As a producer of sleep it will be found efficacious. This is doubly true when there is great nervous excitement.

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In pulmonary diseases this combination is worthy of trial. It is a sedative to the respiratory centers in both acute and chronic disorders of the lungs. Cough in the vast majority of cases is promptly and lastingly decreased and often entirely suppressed. In diseases of the respiratory organs pain and cough are the symptoms which especially call for something to relieve; this tablet does it, and in addition controls the violent movements accompanying the cough, and which are so distressing.

This combination is the remedy for diabetes and is superior to any other in diminishing the quantity of sugar in the urine, and also in diminishing the quantity of urine itself in diabetes mellitus. The bulimia and polydipsia are lessened by its use, and probably the changes in the nervous system which accompany or are causative of the disease are arrested or prevented. It also prevents waste. It controls restlessness; it relieves insomnia; it relieves distressing nervous symptoms. It relieves the craving of the stomach, and lessens the frequency of the calls to urinate.

It is not claimed that the combination will cure diabetes mellitus, but there will be, in many cases, arrest of the disease, with prolonged periods of good health, and cure in some cases.

266 West 38th Street, New York City.

THE THERAPEUTIC RANGE OF MELACHOL.

In these days of physiologic therapy when the whole medical profession is running wild over the remedial agency of even germ-life itself, there is danger of neglecting those agents of the inorganic world, which not only themselves form a large part of the constituency of the human organism, but also, when chemically adjusted, are capable of almost infinite applications in the restoration of physiologic functions. Among these agents, there is nothing which produces such a profound effect, or has a wider range of therapeutic function than phosphorus and its compounds, especially the salts, which from their crystalline character are ready for osmosis at once, without waiting for any preparatory work of assimilation. If there is any one principle of the human organism which more than any other lays claim to physiologic significance in the higher animal organisms, it is phosphorus. Being the center of crystallization, as it were, for the chemic forces of the whole nerve system, are of the physic, and indeed the psychic autonomy of the body, it is thus absolutely necessary for all building of tissue, as well as performance of function in the metabolism of tissue. Working to this end the physiologic chemist has reached a triumphant issue in the preparation of these principles in such a form as to accomplish:

1. A direct supply of ultimate tissue principles to the organism without the necessity of digestive aid.
2. A direct stimulus of function within the digestive tract.
3. A direct antagonism to all forms of retrograde metamorphosis.
4. A direct antidote not only to the special effect of physiologic narcotism, but also direct destroyer of that strange and awful livery which the habit of narcosis throws over the nerve centres of the organism.

This last effect alone would forever record it a priceless boon to mankind, especially in this age of over-heated thought and action.

A system of clinical reports is now in preparation setting forth the therapeutic ranges and effects of Melachol and the technique of its administration to the various pathologic conditions in which has been proved to be specific and adjuvant in its effect.—Nat. Board of Health Mag.

Dr. Ben. H. Brodnax, of Louisiana, says in the Charlotte Medical Journal, (March, 1895.) "I am satisfied that Sanmetto is the safest, pleasantest and most effective genito-urinary alterative and tonic I have ever tried."

Where seminal vesiculitis exists, there is generally a previous history of urethral or bladder inflammation, sexual abuse and the like, all of which are agents tending to produce localized inflammation in the seminal vesicles.

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NEWS AND MISCELLANY

The Austin Flint Medical Association held its Semi-Annual meeting in Eldora, Iowa, November 12.

Pasteur's Will.—It is a model of brevity and goodness of heart, and shows that his death was as beautiful as his life.

"This is my treatment. I leave to my wife all that the law allows me. May my children never forsake the path of duty, and always cherish for their mother the tenderness she so richly deserves." "L. PASTEUR."

A Test for Incipent Diabetes.—Prof. V. Noorden says he has discovered a new means of diagnosing diabetes in its very earliest stage, or even a hereditary tendency thereto. He gives the patient 100 grains of grape-sugar, which, in the normal subject, has no effect, but in the incipient diabetic produces glycosuria. If this prove correct it will be most useful in gaining for the diabetic the earliest possible treatment.—Medical Record.

Abuses in Connecticut Medical Practice.—The New Haven County Medical Association has passed a set of resolutions declaring that "other states are rejecting, by their examining boards, graduates of colleges who in this state are admitted to practice without examination; that in consequence, this State is becoming a dumping-ground for undesirable practitioners; and that the State committee on legislation be instructed to advocate an amendment of the law so that all candidates for registration as doctors under medical practices act be required to pass an examination, as is now the case in New York, Pennsylvania, and other States."

The Pepper Laboratory of Clinical Medicine was formally opened to the profession on December 4th. This institution adjoins the University of Pennsylvania, and is under the direction of William Pepper, assisted by the following staff: Chemical Department, Dr. Casper Wistar Miller and Dr. George Stanley Woodward; Microscopical Department, Dr. Alonzo E. Taylor, Dr. Thomas S. Kirkbride, Jr., Dr. J. Dutton Steele; Bacteriological Department, Dr. Samuel S. Kneass; Physical Department, Dr. Joseph Saylor, Dr. David L. Edsall, Dr. Samuel McClintock Hamill.

Akromegaly.—This is a rare affection, only about twenty cases of it having ever been recorded in medical literature. It is characterized by abnormally great development of the extremities, and of the features of the face, including the bony as well the soft parts. The disease is of long duration, twenty years or more, the patient finally dying of exhaustion. Its etiology is unknown, although Professor Virchow regards it as a nervous disease, and belives heredity to have an important share in its causation. But two other German pathologists, Professors Freund and Klebs, consider it a disease of development or return to primitive form, as to which there is no known treatment. Two New York physicians are now treating a case of this peculiar disease, on the Virchow theory, and the medical profession all over the world will take a lively interest in the result. The patient is a cracker manufacturer in that city. His name is John Molanski, and he was recently exhibited at the clinic of the New York College of Dentistry. Molanski is undergoing a bodily metamorphosis. His face is gradually being transformed from its natural appearance into strong animal type, with protuding under jaw and overhanging brows, which a heavy beard and head of hair but partially concealed. His hands and feet are growing longer and larger, and are already taking on the appearance of those of a monkey. Yet he suffers no personal inconvenience, and is daily engaged in his business. His disease is not contagious, being only a state of retrogression.

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For the Cotton States Exposition, take the great Missouri Pacific Railway for St. Louis, and from there the "L. & N." and "N., C. & St. L." the historic route for the South. Through Pullman sleepers and fine equipment.

Dipsomnics.—The *World* Almanac gives the ratio of dipsomaniacs to the insane, as follows: In Italy, 12 per cent.; France, 21 per cent.; United States, 26 per cent.; and Scotland, 28 per cent.; and the expectancy of life, drunk and sober, as follows: At age of 20 years, drunk, 15 years; sober, 44 years, at age of 30, drunk 14 years; sober, 36 years; at age of 40, drunk, 11 years; sober, 29 years.

A Too Radical Improvement.—The physician was surprised to find the head of the household at the door with a shotgun. "Why, what's the matter?" stammered the doctor. "That there medicine you gave my wife, she says, is makin' her feel like a new woman; and I want you to understand that no new woman business goes on in this house. First thing I know, she'll be out makin' speeches."—*Toronto Truth.*

Tendon Grafting.—At a recent Meeting of the New York Infirmary for Crippled Children, Dr. Samuel E. Milliken, presented a boy 11 years of age upon whom twenty months before he had successfully grafted part of the extensor tendor of the great toe into the tendor of the tibialis anticus muscle, the latter having been paralyzed since the child was 18 months old. The case was presented showing the advantages of only taking part of the tendon of a healthy muscle which was made to carry on the function of its paralyzed associate, without in any way interfering with its own work. The brace which had been worn since 2 years of age was left off, the patient walked without a limp, the talipes valgus was entirely corrected and the boy had become quite an expert on roller skates. Dr. Milliken predicts a great field for tendon grafting in these otherwise hopeless cases of infantile paralysis, who heretofore have been doomed to the wearing of braces all their lives

Adieu Medical Expert.—During the last five years both the medical and legal professions have viewed with alarm the growing frequency of the introduction of expert medical testimony, especially in cases, of murder, where the defense has usually come to be a claim of insanity. Any physician, however shallow his knowledge, has been called upon to testify and in some cases there are known to have been men introduced as experts who have proved to be purchasable in their opinion. Several prominent members of the medical profession have drawn a bill which will be presented to the New York legislature early in the session of 1896. It will very radical in its terms and will lodge the right to give medical expert testimony in the courts in that State in a non-partisan board appointed by the governor, subject to the approval of the senate. Under no circumstances will any physician, not a member of the board, be allowed to testify in any of the courts of the State unless it be upon the absolute facts of the trial. Any such expert may, however, appear before the board and give evidence.

An Unique Suit.—A queer lawsuit was instituted a short time ago by Mahlon Hutchinson against the Columbia Chemical Company of Washington, D. C. The plaintiff states that he sues on behalf of the United States and himself, alleges that the defendant violated the copyright laws by printing, publishing and circulating 1,074 copies of a small book, entitled "Method of Administration of the Animal Extracts," prepared by Dr. William A. Hammond. Upon the 1,074 copies of the book alleged to have been printed, published and circulated by the defendant company the plaintiff charges that the company falsely and fraudulently printed the following: "Copyrighted, 1894, by the Columbia Chemical Company." Mr. Hutchinson claims that the company, because of its alleged violation of the law, section 4963 of the revised statutes of the United States, has become liable to a penalty of $100 on each and every one of the 1,074 books, or, in all, $107,400, one-half of which amount he claims, the other half being due the United States under the law, he asserts.

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CONCERNING THE DOCTOR

Dr. J. J. Morrissey has removed from Hartford, Conn., to Chicago.

Dr. William McKay, formerly of Indianola, will locate in Des Moines, Ia.

Dr. Geo. J. Englemann has removed from St. Louis to 336 Beacon street, Boston, Mass.

Dr. Jno. Black one of the pioneer physicians of Nebraska, died in Plattsmouth, November 27th, at the age of 74.

Dr. C. C. Williams, aged 63 years, died of heart disease at Clinton, Mo., November 18. He was one of the pioneer physicians and later a druggist.

Dr. J. W. Shepherd, of Queensville, Ind., died November 25th. While making a professional call, his horse ran away, throwing him out and breaking his spine.

William F. Reily, a well-known physician of Decatur county, died at his home in Sardinia, Ind., November 22d. He was sixty-seven years old, and has been practicing medicine for nearly fifty years.

Dr. W. E. Sutton, of Dallas, Tex, died November 23d, from the efforts of an hypodermic injection of strychnia. The doctor was in the habit of using codeia occasionally, and through mistake injected the wrong drug.

Dr. H. C. Garner, of Kansas City, died suddenly in the office of his son Dr. E. S Garner, in this city, on the 10th inst., just as THE HERALD was going to press. Deceased was on his way to Iowa to visit his daughter, Mrs. F. C. Hoyt.

Dr. Cyrus Edson, formerly Health Commissioner, has resigned from the New York County Medical Society, presumably on account of the ethical resolutions recently passed by the Society, which conflict with Dr. Edson's commercial interests.

Dr. W. A. Rothwell, aged 63 years, died in Moberly, Mo., November 30. He was born in Garrand County, Kentucky, in 1832; graduated at Louisville Medical College in 1850 and moved to this State in the same year. He was at the time of his death a member of the Board of Pension Examiners in Moberly, and held the same position during President Cleveland's first term.

Dr. Abbey J. Seymour, a distinguished woman physician and an artist of repute, deliberately took her own life in Buffalo, N. Y., October 18, by throwing herself in front of a West Shore train at New Water Works Station. She had been compelled to use crutches since last spring, when she suffered an accident to the nerves of her hip while attending the post-graduate medical course at a medical college in Chicago. The affliction had preyed upon her mind until she succumbed to melancholy. She was forty-two years of age.

Dr. H. H. Callahan, the oldest practitioner of the medical profession in Leavenworth, was found dead in his office chair on the morning of November 22. Dr. Callahan was born in Frankfort County, Kentucky, in 1821. He graduated from the Cincinnati Medical College in 1842, and that year removed to Platte, Mo., and began the practice of his profession, removing to Leavenworth in 1856. He was an active member of the Baptist Church, a Mason of high standing and known all over the West as a worker for the temperance cause. In politics, the doctor was a staunch Democrat, but subserved his political views even to the extent of voting the Prohibition ticket. He loved his profession and had a large practice. He leaves three sons and two daughters. His remains were interred at Platte City, Mo., beside those of his wife, who died 30 years ago.

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Dr. G. W. Frost, for many years coroner of Emporia, Kas., died Dec. 3.

Dr. A. J. Freeman, of Kaseyville, Mo., was accidently shot, while out hunting, November 22.

Dr. Richmond Lennox, thirty-four years old, died November 15, in Brooklyn. He was surgeon to the Brooklyn Eye and Ear Hospital, and also to the Kings County Hospital.

Dr. J. E. Nelson, of Milan, Mo., secretary of the board of pension examiners of this county, who died November 28, was at one time county collector. He had been a druggist in this city for a number of years.

Dr. J. H. Blake, of Houston, Texas, was married November 27th, to Miss Jennie Scudamore, under rather romantic circumstances, calling a justice out of bed at 2:30 A. M. to perform the ceremony. We hope this habit of early rising may not become chronic with this happy couple.

The Year's Necrologic Record.

An alphabetical list of the prominent physicians, surgeons and scientific investigators who have passed away during the year:

A

Alleyne, J. S. B., St. Louis, Mo.
Andros, F., Dubuque, Ia; aged 93; May.

B

Bagley, Geo. L., Des Moines, Ia., Dec. 23, 1894.
Barrows, L. J., Janesville, Wis., Jan. 15th.
Battey, Robert, Rome, Ga.
Bird, John, London, Eng., April; aged 84.
Black, John, Plattsmouth, Neb., Nov. 27th; aged 74.
Brandt, Julius, Warrentown, Mo., Jan. 15th.
Brandt, J. R., Chicago, Aug. 18th; aged 57.
Bristowe, John Syer, London, Aug. 20; aged 68.
Brown, Jas., Baltimore, July.
Bryan, J. H., St. Louis

C

Callahan, H. H., Leavenworth, Kas., November 22.
Chapman, W. Carroll, Louisville, Ky., May 28.

D

Detmold, Wm., New York, Dec. 26.
Dubois, F. L., Portsmouth, N. H., Feb. 24.

E

Eaton, J. M., Denver, Colo.

F

Falconer, Cyrus, Hamilton, O., Jan. 28.
Fortes, Iowa Falls, Dec. 14.
Foster, Halsey W., Pittsburg, Pa; aged 28.
Freeman, A. J., Kaseyville, Mo., November 22.
Frost, G. W., Emporia, Kas., December 3.

G

Gardner, F. B., Baltimore, Sept. 7.
Garner, H. C., Kansas City, Mo., December 10.
Goldthwaite, Henry, New York, Jan. 4th.
Gordon, Jas., Carlyle, Ill., Aug. 11.

H

Hagin, T. M., Louisville, July 24.
Hallam, A. C., Brooklyn, Jan. 9.
Harrod, F. L., Harrodsburg, Ky.
Hersman, C. F., St. Louis, Oct. 11.
Holden, H. S., Rockford, Mich., November 23.
Hoppe-Seyler, Strasburg, Ga.

K

Keith, Thomas, London, October; aged 70.

L

Lenox, Richmond, Brooklyn, N. Y., Nov. 15; aged 34.
Loomis, A. L., LL. D., Jan. 23, New York City.

M

Magee, J. M., New Orleans, Feb. 13.
Marx, George, Washington, D. C.
McCranor, Charles W., St. Joseph, June 7.
McCulley, W. A., Independence, Kans., Jan. 23.
Morton, W. A., Liberty, Mo., Dec. 10.
Mullen, M. D., Lebo, Kans.

N

Nelson, J. E., Milan, Mo., November 28.
Noeggerath ——, Wiesbaden, Germany.

P

Palmer, B. W., Nyack-on-the-Hudson, Jan. 30.
Palmer, Henry Janesville, Wis., June.
Palmer Edward, Louisville, Ky., July 5.
Pasteur, Louis, Paris, Sept. 28.

R

Randle, Richard, Taylorville, Ill.
Reily, Wm. F., Sardinia, Ind., November 22; aged 67.
Rogers, Elliott F., Cambridge, Mass., Oct. 2.
Rothwell, W. A., Moberly, Mo., Nov. 30; aged 63.

S

Sampson, W. G., Tiffin, O., March 18.
Savory Wm., March 4.
Schimmelbusch, K., Berlin, Ga., Aug. 2; aged 35.
Seymour, Abbey J., Buffalo, N. Y., October 18.
Shepherd, J. W., Queensville, Ind., November 25th.
Staples, Geo. M., Dubuque, Ia.
Stoddard, G. W., Ramsey, Ill., October; aged 33.
Strong, Janiere, Cleveland, O., Jan. 30.
Sutton, W. E., Dallas, Texas, November 28.

T

Talbot, G. W., Denver, Col., May 13.
Taylor, M. N., Baltimore, Feb. 25.
Thornton, W. M. Boston, May 28.
Tuke, D. Hack, London, March 5.

V

Voght, Carl, Geneva, May 9; aged 78.

W

Wallace, Wm. B., New York City, June 7
Williams, C. C., Clinton, Mo., Nov. 18; aged 63.

Z

Zinke, E. B., Cincinnati, January.

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IN THE JOURNALISTIC REALM

Bind Your Covers.—When having your HERALDS bound for the year, instruct your binder to preserve the *first* cover page of each issue, and group them together either in front or back of the volume, thus preserving the valuable portraits which appear every month.

Pediatrics.—The first number of this new candidate for professional favor lays on our table, a welcome semi-monthly visitor. As its name implies, it will confine its attention chiefly to children. The contents bear a good promise of the future which, we trust, will prove as rosy in years to come as at the present time.

A Good Move.—A new system has been inaugurated in the surgical clinic of some medical schools. Seniors are divided into sets of five, who in turn take charge of the clinic, write the histories, exhibit and explain the cases to the class, giving diagnosis and treatment, subject to the criticism of the class and professor. Each student is marked on his work which together with the final examination determines his stand.—Atlanta Medical Weekly.

Arena.—The December issue is more than interesting, as it ought to be. It grows from year to year and month to month, like a inverted pyramid. It contains so many pages that four volumes a year are required to make the bound volume convenient to handle. Take the December issue as a fair sample of the work. Besides—strange that it can be done—the subscription price has been reduced from five to three dollars per annum, so that one who reads current literature is left without excuse.

A Rare Rhetorical Rhapsody.—The following rhetorical night-blooming Cereus effloresced in the botanical garden of our much esteemed and prosperous contemporary, the MEDICAL HERALD last month:

"THE ST. LOUIS CLINIQUE.—A vicisitudinal journal of no little merit, has sprung into its sweet Summers time, whose genial warmth one feels in his facial lines, and whose joyous good nature and tender spirit sparklee like a spar-grot before the light of an incandescent lamp. Summers, such as are liable in Missou i, always give heat, light, and with these a rich harvest of fruits and flowers. May no clouds ever exclude the light, but only that which softens the heat with its shade, and lifts the mind to the contemplation of its brilliant light."

One of our colleagues at our elbow suggests that

"Now is the winter of our discontent,
Made glorious Summers."
By this sun of Medical Heraldry——

"which," as Mrs. Gamp says to Mrs. Harris—'May she ever shine ez bright,'"—Dr. SUMMERS, in November Clinique.

Fakir Journalism.—A certain out-lawed Iowa medical journal, removed to Missouri recently, and immediately began a crusade against the colleges, medical journals and even undertook to reform the doctors of the State. Its scorching editorials received a fitting rebuke at the recent meeting of the Tri-State Medical Society at Des Moines, when the Iowa profession refused to attend a meeting where this journal was represented. Possessed of that peculiar disposition, however, which cannot recognize a snub, the editor continues his tirade against "Fakir Journalism" as he terms all efforts save his own. The good old rule, applies in this instance, however, and proves again that it pays to watch the very man who cries the louder "stop, thief!" In a late issue of this journal is published a list of "new subscribers," nine-tenths of whom are "complimentaries," "associate editors," or students in the college in which the editor lectures. Nothing is said concerning the fact that the few subscribers this journal had in Iowa have ordered it stopped. "Fakir Journalism," indeed!

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Consult the Index to Vol. XIV, in another part of THE HERALD, and then ask yourself if you have had $2.00 worth of literature the past year. If you decide in the affirmative, favor us with a renewal. See premium offers.

The Sanitarian, a monthly journal, devoted to sanitation, published by the American News Company, New York, is full of reading relating to sanitary matters, and therefore is of interest not only to the physician but to the public who read and try to keep abreast of the time in all that pertains to health.

Say! Does This Mean You? Every periodical now and then gets one of its copies back with "refused" marked on the cover. We think Bill Nye was about right when he said: "A man may ride on the back coach of a railroad train to save interest on his money till the conductor gets around, or stop his watch at night to save wear and tear, or leave his 'i' or 't' without a dot or cross to save ink, or pasture his mothers grave to save corn, but a man of this sort is a gentleman compared to the fellow that will take a paper two or three years, and when asked to pay for it puts it back in the office and has it marked 'refused.'" The above is to whom it may concern, or may be likely to concern at any time.—*Atlanta Med. and Surg. Journal.* Add to the list the doctor who treats with "silent contempt" the subscription bill sent him.

St. Nicholas in 1896.—For almost a quarter of a century—for twenty-two years to be exact—St. Nicholas Magazine has been bearing its welcome messages each month to the young people of the land. It began existence in 1873, consolidating with it in its early years all of the leading children's periodicals of that day, "The Little Corporal," "Children's Hour," "The School-Day Magazine," and "Our Young Folks" among them. The last children's magazine to be merged in St. Nicholas was "Wide Awake," which was purchased and consolidated with it only a few years ago. It has been fortunate in securing contributions for its pages from the leading writers and artists of the language, while it has given to its readers many works that have become imperishable classics in juvenile literature. St. Nicholas has had for many years a large circulation in Europe, and it is said to be read by many royal children. When the children of the Prince of Wales' family were young the Prince took six for his household, and the present Crown Prince of Italy grew up a constant reader of St. Nicholas. The magazine is a help to those who have the care and up-bringing of children, in that it is full of brightness and interest and tends to cultivate high aspirations, without being "preachy" and prosy and lugging in too apparent moralizing. Its readers are always loyal to it, and they will be glad to learn what has been provided for their delectation during the coming year. The leading feature will be a delightful series written to young people from Samoa by Robert Louis Stevenson. These describes the picturesque life of the lamented romancer in his island home, and give interesting portraits of his native retainers. Rudyard Kipling, whose first Jungle Stories appeared in St. Nicholas, will write for it in 1896, and James Whitcomb Riley, the Hoosier poet, will contribute a delightful poem, "The Dream March of the Children," to the Christmas number. The serial stories represent several favorites. "The Swordmaker's Son" is a story of boy-life in Palestine at the time of the founding of Christianity. It is written by W. O. Stoddard, whose careful study of the history and whose travels over the scenes of the story have enabled him to present vividly the local coloring. "The Prize Cup" is one of J. T. Trowbridge's best stories. Albert Stearns, whose "Chris and the Wonderful Lamp" was one of the great successes of the past year, has written another that promises much. In Sinbad, Smith & Co. he has again gone to the "Arabian Nights" for inspiration. An American boy enters into partnership with the greatest of sea-faring adventurers, Sinbad, and the fun and the complications that this brings about can be imagined. These are but a few of the features. During the coming year $1,000 will be given in prizes. Full particulars concerning it will be be found in the November number.

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ITEMS OF INTEREST.

A Liberal Offer to Physicians.—The attention of our readers is called to the handsome lithograph insert, in this number, of the Theo. Metcalf Co., and all are urged to take advantage of same.

Do Doctors Have Babies?—It sometimes happens—and when it does nothing but the best is good enough for that baby. Every thing from baby-powder to infants'-food must be the best; and the doctor knows very well that it is of vital importance to have the best nursing-bottle,—too—would that every mother knew it also. The best nurser is "The Best" Nurser—called "The Best," *is* the best. It is a most ingenious yet simple contrivance. It has been adopted in all state institutions in France and is strongly endorsed by many hospitals and physicians of repute in America. A glance at the advertisement on another page will show why every baby ought to have the best there is of everything. Recommend this Nurse if you think it worthy.

"Castor Oil for the After-Burths."—An Oregon midwife writes from Highland, as follows: (*Med. Sentinel.*) Dr. CARL—KIND SIR: As I put in a bill to the Senate in Salem for us women that understands the business of midwifes for the right to practice in the country Mr Browell said he could do nothing for it by all his labor I understand that you are one off the medical examiners. Mr Brownell said he would see you and what could be done for us please be kind enough to let me know after the board has meet if that is any thing will be to help for lawful right for us women. In regards to the medicine I use is tansy tea and some time Ergot and some times castor oil for the after-burths I use sometimes sweet almonds oil and Ergot the Almons oil I use for to bade out side I write you this to let you know what way I treat the ladys and some time I use the family syerings this is all the instruments I use. I kindly beg of you to be kind enough to let me know after the board has meet. Yours respectfully—

Neuralgia.—Dujardin-Beaumetz (*Rev. Intern. de Med. et de Chir. Pract.*) recommends the employment of antipyretics which are at the same time analgesic. Phenacetine may be given in doses of ½ to 1 gram. (gr. viiss-xv) in two to three powders in twenty-four hours. In migraine, antipyrine is to be preferred; in lightning-like pains, pains from pressure and pains from dental origin, give acetanilide. In essential neuralgia, exalgine is preferable. Phenacetine is of greatest service in the painful affection of neurasthenic and neuropathic subjects. Antipyrine may be administered in doses of 1 to 4 grams (grs. xv–℥ j) in twenty-four hours, either in powder or in a grog. The fulgurant pains of tabes are best controlled by acetanilide. Give 1½ grams (grs. xxiiss) in three powders during the twenty-four hours.

Unguentum Caseini.—In the June number of the St. Louis *Medical and Surgical Journal* is a contribution from Dr. P. G. Unna, the great German dermatologist, describing his new ointment base, *unguentum caseini*, and the uses to which it is adapted. The author says that a year of experimental use of his new casein base has convinced him that it will replace and supersede the fatty ointments in the treatment of all skin diseases except the inveterate, diffused, or universal eczemas, psoriatides. and other chronic herpetic affections, and even in these severest forms of skin diseases it will supplant, in time, the ungents. The new base is prepared as follows:

Casein	1400	parts.
Potassium hydrate	34½	parts.
Sodium hydrate	8¼	parts.
Glycerin	700	parts.
Yellow vaselin (American)	210	parts.
Zinc oxide	50	parts.
Carbolic	50	parts.
Water, sufficient to make	10,000	parts.

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Your Sister or somebody's else's sister would appreciate the *Ladies' Home Journal*, or *Munsey's Magazine*, for a year. We furnish either, clubbed with THE MEDICAL HERALD for $2.50,or all three for $3.50.

It Requires But a Moment's Time to say "I noticed your offer in THE MEDICAL HERALD," and by so doing you will confer a favor on both ourselves and the advertiser, who is anxious to know where to credit the inquiry or order. Frequently one of our subscribers in Wisconsin or Ohio will send in an order, and neglect to mention us, and the consequence is, some other fellow gets the credit, because the advertiser would naturally favor the medium nearest the home of the inquirer.

The Use of the Bicycle.—M. Lucas-Championniere (*N. Y. Med. Journal*) presents the question from a hygienic point of view. The bicycle, he said, had been condemned as a means of exercise for women, and had been thoughtlessly compared to a sewing-machine, to which it was not at all analogous. It had been said to cause deformity, but this accusation showed a want of reflection and a profound ignorance of anatomy and of physiology. In reality, all the muscles came into play in order to propel the machine and to keep one's equilibrium; consequently the vertebral muscle could not but increase in size and in power. The first action of the bicycle was to develop the muscles, not only those of the legs, as was commonly believed, but all the muscles of the body, and in this exercise M. Championniere thought we had the most perfect method for muscular development. Its action on the general health was also evident. The manifestations of nutrition were profoundly modified; an examination of the urine has shown this. The increase of the proportion of urea had indicated a greater waste. The influence on the heart was also very evident, and any excess in this exercise was prejudicial. One of the most valuable advantages of this form of exercise, however, was that it put the heart in good condition of resistance. With regard to the benefit to the lungs, it might be said that the good results were almost immediate, if care was taken to avoid the chill which was apt to follow any prolonged exercise. M. Marcel Brand thought that this form of exercise was the best that could be employed in the treatment of the vicious habits of adolescence, and he cited several cases in which recovery had been obtained when all other treatment had failed. The majority of affections dependent on the diminution of nutrition were favorably improved by the motion of the treadle. With regard to neuropathies, he said, the most favorable results had been obtained after a moderate use of the bicycle, and certain tabetics had derived much benefit from its use. M. Bouloumie presented the subject from a therapeutic point of view. He stated that he had recommended the bicycle to several gouty persons who, after using it, had not suffered so much with stiffness in the knees and in the tibiotarsal articulations, which had become much stronger and more flexible. The general condition also had been benefited. In persons suffering with subacute nephritic colic from uric-acid gravel, and presenting frequent and continual pains in the kidneys, without renal inflammation, the exercise seemed to facilitate the passage and expulsion of the calculus and to diminish the pains. In such cases the patient must be warned against excessive exercise, as any fatigue was extremely harmful. For persons affected with urinary and digestive disorders, principally liver troubles, an upright attitude in the saddle, with the body resting squarely upon the ischia, was absolutely indispensable. In this way all parts of the body would contribute to the maintenance of the equilibrium, the abdominal organs were not compressed, the action of the diaphragm was not hindered, and the circulation was not impeded at any point. This exercise, on the whole, said M. Bouloumie, was one which favored the development of the muscles and regulated the principal functions, and it could be recommended from a physiological, hygienic and therapeutic point of view, subject to these conditions: 1. A good position in the saddle. 2. A proper saddle. 3. A moderate rate of speed.

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THE MEDICAL HERALD

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THE CRAWFORD THEATER—Fifth and Jule streets—First-class attractions at popular prices. Seats reserved four days in advance. FRANK F. HARL, manager.

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The Annuals of Surgery ($5) and THE MEDICAL HERALD ($2) both for $5.50 per annum. Address all orders to this office.

Wanted.—Situation as clerk by a Physician; ten years experience. Registered in Missouri. Address A. C. MAJOR, Kearney, Mo.

Wanted.—A young physician, who can register as Pharmacist, to go to a thriving South-Western town. Good salary and steady position to right man. Address: E. T. O. Care MEDICAL HERALD Co.

Stop it.—If your patient is already thin, and still losing in weight, he is suffering malnutrition, and is on the road to phthisis. Stop this condition at from once by administering two or more teaspoonfuls of seng before each meal.

For Sale or Exchange.—My practice which is worth from eight to ten thousand dollars per year, consisting of diseases of the rectum and chronic cases, office and hospital work, no general practice. For full particulars address, F. M. MADISON, M. D., Peoria, Ill.

Wanted.—A young Pharmacist, who is a graduate of a Medical College, and can loan his employer seven hundred and fifty dollars ($750) for six months. Notes secured by drug stock. Steady job with good salary. Address: "Pedra," care MEDICAL HERALD, St. Joseph, Mo.

Doctor.—Advice given in difficult medical cases, by an old physician, who has had more than ordinary success in the treatment of diseases. Write him a statement of the case that puzzles you. Inclose $2.00, fee for consultation. By return mail you will get his opinion, and the plan of treatment he prescribes.
Address, ELI G. JONES, M. D. Ph. D., 84 Fair St., Paterson, N. J.

Sander & Son's Eucalypti Extract (Eucalyptol).—In the article treating on inhalations of eucalyptus in cases of diphtheritis (Berlin *Klin. Wochenschrift*, 1876, No. 21) by Prof. Dr. Mosler, Director of the Medical clinic of the University at Griefswald, it is stated: "The oleum eucalypti folies, I employed in my tests, I received through Holzle & Chelius, Frankfort-on-the-Main; it must not be mistaken for the more frequently offered oleum eucalypti australe which is obtained from the wood of the eucalyptus trees. This latter oil is used commonly for mechanical purposes and has a far cheaper price; it is, however, no longer applied by me as an internal medicament." We certify that the oleum eucalypti folies named in the Berlin *Klin Wochenscrift*, 1879, No. 21, and there mentioned to have been procured from us, was the product of Messrs. Sander & Sons, Sandhurst, Australia. Holzle & Chelius, Frankfort-on-the-Main, Agents.

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A Failure.--New Boarder. What's the row upstairs. Landlady. It's the professor of hypnotism trying to get his wife's permission to go out this evening.

I can say that Peacock's Bromides will do all that is claimed for it; it is much more active and certain than the commercial salts. G. H. CHAPPELL, M. D., Grand Rapids, Mich.

Starvation.—If a patient is suffering from impaired digestion, or, in other words, starving, not from lack of food, but from lack of digestion, then prescribe Seng, two teaspoonfuls before each meal.

The Herald's Premium List is the best ever offered to western physicians, and the subscriptions are rolling in at such a rate that our limited supply will soon be exhausted. If you need anything in the list now is the time to get it free of charge. All premiums warranted to be first-class.

As an Application in Sore Nipples, Dr. Thos. Lothrop, Buffalo, N. Y. Prof Gyneocology, Niagara University, writes as follows: Gentlemen:—I received the unguentine which you fowarded to me and have tried it in my practice. I am convinced that the prescription is a valuable one. In the sore nipples of nursing women I think it is the best remedy I have ever used. I recommend the remedy to others.

Atonic Dyspepsia.—"Some time ago I prescribed your Maltopepsine in an old chronic case of atonic dyspepsia of years standidg. I tried the usual remedies including the various preparations of pepsin, but without avail, and the patient was so far discouraged that I had some difficulty in getting him to try any further. I finally persuaded him to give your Maltopepsine a fair trial and report to me at the end of a month. I did not see anything of him for two months, but when I did he said: "Well you have conquered at last." In answer to my inquiries he said that he had a splendid appetite, perfect digestion, no more misery in his stomach and bowels, food does not sour, and his weight and health is better than it has been for years. I shall most assuredly continue its use in my practice and recommed it to my brother physicians. Dr. JOHN ROBERTS, Pound P. O., Va.

Maltine With Coca Wine.—During the withdrawal of opium a great variety of neurotic symptoms appear which are not only very distressing, but difficult to treat. The milder nacrotics are aggravating in the transient relief which they bring, and spirits are so often unpleasant to the taste, and only when large doses are used, bring relief. The question often occurs, Is alcohol, in any form, a practical narcotic for these psychical disturbances? This is variously answered, but usually in the negative. Yet, practically, some of the forms of tinctures in which alcohol is the most prominent factor are found to be excellent in certain cases. . . The Maltine preparations are all excellent tonics, in both alcoholic and opium cases, and can be used with great satisfaction whenever great debility oranæmia are preent. The combination of Coca Wine with Maltine seems to meet many conditions present in the stage of both withdrawal of opium and alcohol that have not been observed before. In two cases of opium ediction, this drug, given in two-ounce doses every three hours, markedly relieved the distress following the rapid reduction of opium. Both cases recovered with less suffering from the use of this drug, and a week after the withdrawal of the opium, changed from Maltine with Coca Wine to Maltine with Hypophosphites. These results were very satisfactory, and have encouraged us to make a more through trial in the future. In four cases of inebriety the abrupt withdrawal of spirits and the substitution of Maltine with Coca wine had equally satisfactory results. The usual nervousness and precordial distress was absent in nearly all these cases, and only noted at the beginning of the treatment. It appeared that this form of spirits, associated with coca and maltine, has some special tonic action that is eminently suited for such cases.—*Quarterly Journal of Inebriety.*

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Right.—Examining physician—"How would you treat a man with delirium tremens?" Medical student—"I would'nt treat at all. I believe in shutting down on liquor right away."—*New York World.*

Challen's Contract and Correspondence Records.—Adapted to any business or profession, ruled with printed headings, and indexed through to require the least possible writing to enter data and refer quickly to any name and save time and money. 5000 used and reordered. All kinds of Labor Saving Records on hand or made to order. CHALLEN, Publisher, 165 Broadway, New York.

The Oldest Doctor in the United States is Phineas Spalding, who graduated from Darthmouth College, Hanover, N. H., in 1823, being now located at Haverhill, N. H. Another veteran practitioner is Thomas Siveter who graduated from the Royal College of Surgeons, London, England, in 1826, being now located at Salem, Iowa, and having been twice president of the Iowa State Medical Society. Of the other oldest graduates we note Dr. Daniel S. Forney, Burlington, Iowa, who graduated from the Washington University School of Medicine, Baltimore, in 1828, and L. G. Hill, Dover, N. H., Dartmouth Medical College, Hanover, N. H., in 1828, Dr. Forney is ninety-six years old and still practicing. The above data is obtained from Polk's Medical and Surgical Directory, the 10th volume being now in press. This national publication is a library in itself, and a volume that every doctor and druggist should have on his table. See announcement on another page.

Some Gospel Truths.—For years physicians and sufferers have felt the want of an abdominal supporter which, while it performed its mission in proving a support to the abdomen, was at the same time, comfortable. It has been the experience of nearly all that the average device is so uncomfortable to the wearer that the "remedy proves worse than the disease." We are pleased to note that the Empire Abdominal Supporter fills this long felt want, as it is cool and comfortable and at the same time efficient. The Empire Supporter is without doubt superior to all others, as it adapts itself to every movement and position of the body, imparts warmth without irritation, supports that weight of the body from the back bone, is easily applied and is cheap and durable. The Empire Manufacturing Company also make an umbilical trusse for infants, children, and adults. This is made of the same material as the supporters and is without doubt, the best umbilical truss in the market to-day. The Empire Elastic Bandage possessing as it does porosity, elasticity, and absorbent qualities to a great degree, will commend itself to the profession as being superior to the gum bandage, so long in use, and for treatment of varicose veins that they are superior to elastic stockings.

Operation for Brain-Tumor.—Bruzelius and Berg describe the case of a man, aged 58 years, who, within twenty months, had had eleven attacks of fainting with epileptiform convulsions (*Hygeia*, lvi, No. 12, p. 229). After the first of these a severe headache developed, at first limited to the right temple, but gradually spreading and increasing in intensity. After the third attack, aphasia developed, and after the sixth agraphia, followed shortly by alexia, weakness of both extremities, pupillary stasis, and paresis in the inferior portion of the zone of the right facial nerve, with deviation of the tongue to the right. A diagnosis was made of diffuse gliomatous degeneration, with cyst-formation in the inferior portion of the central, anterior, and posterior gyri of the third and probably of the second frontal convolutions. Berg made a vertical incision four centimetres in length, at a point corresponding to the two inferior thirds of the central gyri, finding the brain-substance somewhat resistant, hyperæmic, and discolored, the white substance of the cerebrum being bluish. At a depth of one and one-half centimetres a small cyst was met with, the clear fluid of which was evacuated by puncture. A non-operable circumscribed tumor was found to be present, and the wound closed. The patient's condition improved somewhat for awhile, but ended fatally.—*Universal Med. Jour.*

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J. W. Snowden, M. D., A. E., San Jose, California, on April 12th, 1895, writes: "Your Bromidia acts like a charm. I believe it a safe, effectual and reliable hypnotic.

The "Best" Tonic.—It is a long time since I first came into the knowledge of this excellent brand of malt, and it will be an equally long time (if I live) before I give it up for any other. I believe in the "Best" tonic as being the best, no punning being intended. For children it is especially adapted, as not being acrid or sour as too many of the brands are. It "sets" well on the stomach, (as the old woman had it) in weak ladies who reject the ordinary malts. It keeps well, also, which is an item of moment in hot weather. It is economical in cost and is pleasant in taste. Such characteristics ought to make doctors try it, if you don't already know; and such as my readers as have not yet invested in it would do well to find out for themselves what it really is, and I am sure that they will not be disappointed when they do. W. R. D. Blackwood, M. D., Philadelphia, Pa., in *Medical Summary.*

An Expression of Confidence.—Robert B. McCall, M. D, *Medical College of Ohio*, Cincinnati, now residing at Hamersville, Ohio, writes: "My confidence in antikamnia is so well established that I have only words of praise. Independently of other observers I have proven to my satisfaction its certain value as a promotor of parturition, whether typical, delayed or complicated, and its effectiveness in controlling the vomiting of pregnancy. In cases marked by unusual suffering in second stage, pains of nagging sort, separated by prolonged intervals, accompained by nervous rigors and mental forebodings, one or two doses, three to five grains each of antikamnia promptly changes all this. If there is a 'sleepy uterus' antikamnia and quinine awake every energy, muscular and nervous, and push labor to an early safe conclusion. Indeed, in any case of labor small doses are helpful, confirming the efforts of nature and shortening duration of process. I have just finished treating of an obstinate case of vomiting in pregnancy. A week ago the first dose of antikamnia was given, nervous excitement, mental worry and gastric intolerance rapidly yielded. This case was a typical one and the result is clearly attributable to the masterful influence of your preparation. If there is any one drug or preparation that can be made to answer every need of the physician, for the correction of the multitudinous disturbances of innervation that occur in the various diseases he is called upon to treat that one is antikamnia.

Gratifying Results.—Cordial Pas-Carnata contains the active medicinal principle of Passion Flower in combination with pure California wine and aromatics, and is the orginal introduction of the W. S. Merrell Chemical Company at Cincinnati. As all the products of this Company are prepared for the use of the profession only, they do not follow the usual custom of publishing testimonials, many of which, as is well known, are over-drawn and in many cases fictitious. The following letter however coming from one of the leading druggists of New England and from a section of country in which the drug is almost unknown lends more than a passing interest to this valuable preparation.

Dartmouth Pharmacy, Established 1798, L. B. Downing, Box 444.
Wm. S. Merrell Chemical Co. Hanover, N. H., July 17, 1895

Gents:—In June I ordered your Fl. Ext. Passion Flower as an experiment, for a son of 12 years, who has made very rapid growth and was at the time very nervous, and several physicians had tried in vain to help him, one an uncle in whose family he staid a month. My wife happened to see your circular on Pas-Carnata, and on consulting the doctors who had treated him, they said, "By all means try it." The result was marvelous. There had been a change for the better in four days. Facial shoulder muscles were twitching when we commenced using it. In a few days they disappeared, and on 15 drop doses three times a day, he keeps all right apparently. I shall speak a good word for the medicine, as I have already done. Will you please send me some circulars to give to my physicians.

Very truly yours, L. B. Downing.

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Successful Results.—Muscatine, Iowa, Aug. 20, '95. Henry Pharmacal Co., Louisville, Ky., Mr. Henry: I promised to write you my success or failure with your "Henry's Tri Iodides," and will say I have used this preparation in some twenty cases of gout and rheumatism with most excellent results, and have gotten so I depend upon it very largely in this class of cases. Very truly, F. H. LITTLE, M. D.

F. A. Rew, M. D., Imboden, Ark., says: "My experience with S. H. Kennedy's Extract of Pinus Canadensis was so decidedly satisfactory and gratifying that I prescribed it with a positive assurance that benefit will follow its use. On the principle that "all astringents are tonics," I use the Pinus Canadensis, in small doses, in pneumonia, bronchitis, typhoid fever; indeed, where the mucous membranes need a tonic, and recognizing the similarity between mucous membranes and the external skin, I use it in erysipelas, nervous forms of eczema, and where ever the skin needs a tonic. It is all I need in many cases of ophthalmia and gonorrhea. Its special therapeutics would fill many pages, and I am satisfied that we will yet find new uses for it.

A Pharmaceutical Triumph.—There is probably no laxative or cathartic in the materia medica which is more widely known and more generously used, especially as a home remedy, than castor oil. Its only objection has been its taste. Now, however, even this has been removed and we have "A Pleasant Castor Oil." Laxol is pure castor oil, sweetened with Benzoic Sulphnide and flavored with oil of peppermint. By referring to our advertising pages, the reader of this journal will learn how they can procure samples and literature without expense. Laxol is used throughout many of the best hospitals in the East, where its gentle action and extreme palatability has made it the popular cathartic. We advise our readers to send for a free sample, and mention THE HERALD.

Melachol.—The preparation Melachol is known to the public as a painless laxative and superior nerve tonic; to the surgeon, physician, general practitioner and specialist, it is known as a certain stimulator of the entire glandular apparatus of the human system. Scrofulous ophthalmia, icthyosis, chlosma, jaundice, hepatic congestion, gall-stones, chills and fever, incipient diarrhosis, haemorrhoidal congestion or haemorrhoids, all forms of tertiary syphillis affecting either skin or nerves, in truth any disease of the epithelial cell, even to cancer itself, is as magically controlled by Melachol, as pains are subdued by morphine. It may be taken without fear, in any dose from ten drops to ten drachms, only observing that enough water be taken with it to make it palatable. No single remedy has been as successful in relieving the headache and general distress that follows a night of dissipation. Gold, celery, damiana, phosphorus, and a number of other remedies, have been recommended as efficient in restoring lost vigor; among these, phosphorus in assimilable forms, undoubtedly stands at the head. Melachol contains phosphorus in a combination which makes it readily acceptable, and to this it probably owes its remarkable power. Being devoid of toxic properties, it may be safely recommended as a household remedy, and because of its non-irritant qualities, it is the safest remedy for domestic practice; fecal impaction, typhilitis, and even appendicitis, has been cured by the prompt use of Melachol. Several cases of uterine inflammation and enlargement, in which curretting had utterly failed to improve the conditions, have been restored to perfectly normal health by a systematic use of Melachol. It is well known that opium and liquor habits depend upon a weakened condition of the nerves, and that a restoration of nerve vigor, while it may not destroy the pleasures of indulgence in stimulation, nevertheless completely annihilates the craving for it. It is on this account that Melachol has been so successful as a cure. It is unlike some other remedies, for it takes people out of the mad-house, instead of putting them there, by causing a perversion of nervous and physiological functions.—*National Board of Health Journal, N. Y.*

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Minor Traumatisms.—An excellent method of treating small wounds of the face and extremities is as follows; After careful distnfection with a carbolized solution (4 percent) or a solution of corrosive sublimate, 1 to 2,000, and drying with a pledge of absorbents, sutures are applied if necessary, and then Aristol is dusted on which forms an antiseptic and protective film. A layer of plain gauze and a bandage complete with 10 percent Aristol collodion, or after dusting on Aristol powder to apply two or three thin layers of absorbent cotten and fasten each in place with collodion. These gauze strips, if properly applied unite the lips of the wound as firmly as sutures, and primary union is as likely to take place. After their application Aristol powder is dusted thickly over the gauze and the dressing completed with a layer of cotton and a bandage. These simple methods of wound treatment which may be modified according to the locality and character of the traumaticism have been sufficiently tested to merit frequent employment, in the large class of minor sugery of so common occurrence in general medical practice.

Trional as A Hypnotic in General Practice.—As a result of the series of careful experiments during the past winter with regard to the hypnotic effects of trional in such cases as come under the treatment of the general practitioner, Dr. Doermer warmly recommends this remedy. On comparing it with the majority of customary hypnotics he has become convinced that it is not only equal to them, but surpasses many of them as regards reliability of action and inocuousness of effect when administered for long periods. He has never observed disagreeable effects from its use and has given it in 2 gramme doses daily for a number of weeks without any disturbances of the appetite or of the general health. In some of his cases it was found possible to produce a satisfactory and refreshing sleep with 1 gramme doses, as for instance in articular rheumatism; and even 0.5 gramme sufficed to bring about a quiet sleep of five hour's duration in a case of progressive paralysis, in which obstinate sleeplessness was one of the most disagreeable features. A dose of 2 grammes, however, always give rise to a light or deep sleep, even in severe febrile diseases terminating fatally such as pyæmia, tuberculous meuingitis following chronic otitis media, carcinoma of the colon, etc. In but one case of ascites due to cirrhosis of the liver was it found impossible to obtain sleep, but in this instance the other hypnotics also proved inefficient, an hypodermics of morphine had to be finally resorted to. The author's manner of administering Trional differs in no wise from that generally recommended,the patients being directed to take half a glass of soup or some carbonated water after its ingestion. He either gave 2 grammes in a single dose or 1. 0 Gm. repeated it entervals of an hour, the former method being frequently more effective. In conclusion Doemer states that Trional belongs to the permanent acquisitions to the modern materia medica, and that it will maintain its high position in the future.

Artificial Digestion.—The problem of nutrition is confessedly the *bete moir* of physiciáns. It is not therefore strange that much attention should have been given to the development of processes by which foods may be artificially digested outside of the body, and thus prepared for immediate assimilation without taxing the weak and debilitated system with this work, which, as is well known, involves, the expenditure of no little energy. Up to the present time, such efforts have proven somewhat abortive, for the finished products are as a rule so unpalatable that few patients can take them; not at least for any considerable length of time. Paskola is the latest claimant for favor in this field, and it seems to possess decided advantages over anything that has heretofore appeared on the market. Its basis is a pure form of artificially-digested starch to which is added two-tents of one per cent. of absolute hydrochloric acid (thus giving it the natural acidity of the gastric juice) and a combination of proteid or albumen-digesting ferment. It is extremely palatable; in fact, when diluted, it tastes very much like lemonade and is relished by the most delicate stomachs. As starch is nature's source of fat, it is not strange that clinical tests should prove that patients undergo a rapid increase in weight under the use of Paskola.—*Lancet.*

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Are You a Surgeon?—If so you know how often your instruments need sharpening, and you have no appliances. They must be sent away, subjecting you to annoyance and delay. You can sharpen them yourself with the Torry strop and hone. See card on another page, telling you all about it.

Safest for the Middle Ear.—When you are enumerating the many advantages of the Globe Nebulizer, say that it is one of the safest instruments now in use for inflating and medicating the middle ear. In treatment of diseases of the head, throat, and lungs, I consider the instrument almost indispensable. You asked how I liked the Globe Nebulizer. I have given it a fair trial, and know of no better apparatus for nebulizing any sort of fluid. My results after using it are highly satisfactory. Yours truly, CHARLES S. TURNBULL, M. D., Philadelphia, Pa.

Treatment of Acute Cystitis—Resulting from gonorrhœa and presenting symptoms of distress and pain over pubes, frequent and urgent inclination to micturate, urine cloudy and depositing slight amount of mucus on standing. Chronic Cystitis—Resulting from enlarged prostate, retained or altered urine, or from gout or nervous derangement—mucus or muco-pus rendering the urine more or less cloudy or opaque. Treatment—In addition to the mechanical treatment, usually essential in the management of disorders of this class, the administration of Lambert's Lithiated Hydrangea is often of the greatest service. A practitioner of wide experience says—"I have used Lambert's Lithiated Hydrangea on various persons affected with diverse and painful manifestations of chronic rheumatism, gout, lithiasis-urica, nephritic calculus and functional disturbances of the renal system, with excellent results, and I consider it a valuable remedy for normalizing the renal function, for promoting the active elimination of uric acid and to caim the congestive conditions of the kidneys and of the urinary mucous membrane."

A Strange Phenomenon Occuring in a Case of Gonorrhea.—I have been prescribing Sanmetto in nearly all urinary diseases for the past four years. I treated a case of gonorrhea about three years ago, the result of which is without parallel. After treating the case four days considerable hemorrhage occurred, then followed the strangest phenomenon I have ever seen or read of—strings of muco-purulent consistency, resembling chicken guts, over a yard long passed from the urethra. This peculiar condition continued several days, when I thought of sanmetto. After taking teaspoonful doses of sanmetto every twenty-four hours, he was relieved of the trouble, and recovered rapidly afterwards, using only two bottles. I should have reported this case sooner, but neglected it. I still prescribe sanmetto when indicated. I. N. DAWSON, M. D., Duncansby, Miss.

Aristol in Oral Surgery.—In a comprehensive treatise on "Diseases and Surgery of the mouth, jaws, face, teeth and associated parts" by Dr. James E. Garrerson, which had been just issued from the press of J. B. Lippincott Company, the author speaks as follows of Aristol; "This powder is to be highly recommended for its antiseptic and curative qualities. Advantage over iodoform lies with absence of odor. Aristol is an amorphous powder of red-brown color. It is insoluble in cold water and glycerine. It dissolves in chloroform, ether and benzine. Water heated to 140 F. dissolves it. It is also reasonably soluble in alcohol. Aristol is not toxic nor are there recorded any cases of ill results attendant on its use as a surgical dressing. Sifted over ulcers or used dusted upon the seat of a surgical operation its use proves most satisfactory. A salve made by rubbing it up with vaseline is highly recommended; proportions may vary at pleasure of the prescriber." In the chapter on epithelioma Dr. Garretson comments as follows on the use of Aristol. The author has found much service in the free employment of chlorate of potassium in a finely pulverized form. This powder is furnished the patient and he is directed to apply it freely. Where the chlorate of potassium fails, trial of Aristol is recommended by Dr. Brocq, who claims to have secured by its employment most satisfactory results; the application is entirely palnless; its use is restricted to ulcers of superficial chacter.

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But alack!
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My success with Peacock's Chionia has been more than I expected, the patient a lady received more help from it than she had from all the medicine she had taken from different doctors in five years. I have placed great faith in Peacock's Chionia and I can not speak in too high terms of its efficacy. S. J. WESTON, M. D., Des Moines, Iowa.

Gonorrhœa.—The local treatment of gonorrhœa, chronic urethritis, gleet, and many other diseases of the urethra, requires that the remedies used should be applied in such a manner as to exert the most direct action upon the diseased parts. For this purpose the Soluble Medicated Bougies. manufactured by Dr. C. L. Mitchell of Philadelphia, Pa., have been highly recommended. The bougies are made of glyco-gelatin, and are soft and flexible; when introduced into the urethra they slowly dissolve, and thus bring the medicating ingredients into close, through and prolonged action upon the diseased mucous membrane. Over fifty different formulæ are made, full formulæ of which, with samples, will be forwarded by Dr. Mitchell, upon receipt of professional card and stamps.

Nervous Dyspepsia.—Messrs. Theodore Metcalf Co., Boston, Mass. Gentlemen:—I have received such great benefit from your new medicine, Kola-Koloid, that I cannot refrain from sending you an unsolicited testimonal. I have tried it in headache and nervous dyspepsia, and it has never failed to afford relief. For the horrible black despondency attendant on nervous prostration, it is a magical remedy. It has controlled and regulated the action of my irritable heart as nothing else ever did. Last and greatest. I have used it for fatigue and exhaustion following overdosing, and found myself so refreshed and reinvigorated as to be ready for any new exertion. Best of all there has never been the slightest evil after effect, but a permanent gain in strength and general health.

Very sincerely yours, R. Y. E. JOHNSON, M. D., Pardeeville, Wis.

Acute Mania.—The medical treatment of these cases is very simple, and can be disposed of in a few words. To procure sleep and quiet is perhaps the greatest desideratum, and I know of nothing so certain in its action as chloral hydrate, given in 40 or 60 grains. It may be given alone or combined with one of the bromides. The "Bromidia" of Battle & Co. I have always found very reliable. It is almost certain to quiet and produce sleep. You will occasionally meet with cases that resist the influence of choral even in large repeated doses; here opium or some one of its derivatives, either given alone or in connection with the chloral, will be found of service. If hypodermically administered, not less than ½ gr. should be given. Small doses only excite the patient, and do more harm than good. Hydrobromate of hyoscine has some advocates. The milder hypnotics, such as sulfonal, chloralamid, etc., are not to be thought of in these cases; they are practically inert, and do no good. W. H. DEWITT, M. D., in *Lancet Clinic.*

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THE PETS

From Original Painting by C. Kiesel, expressly for THE MEDICAL HERALD

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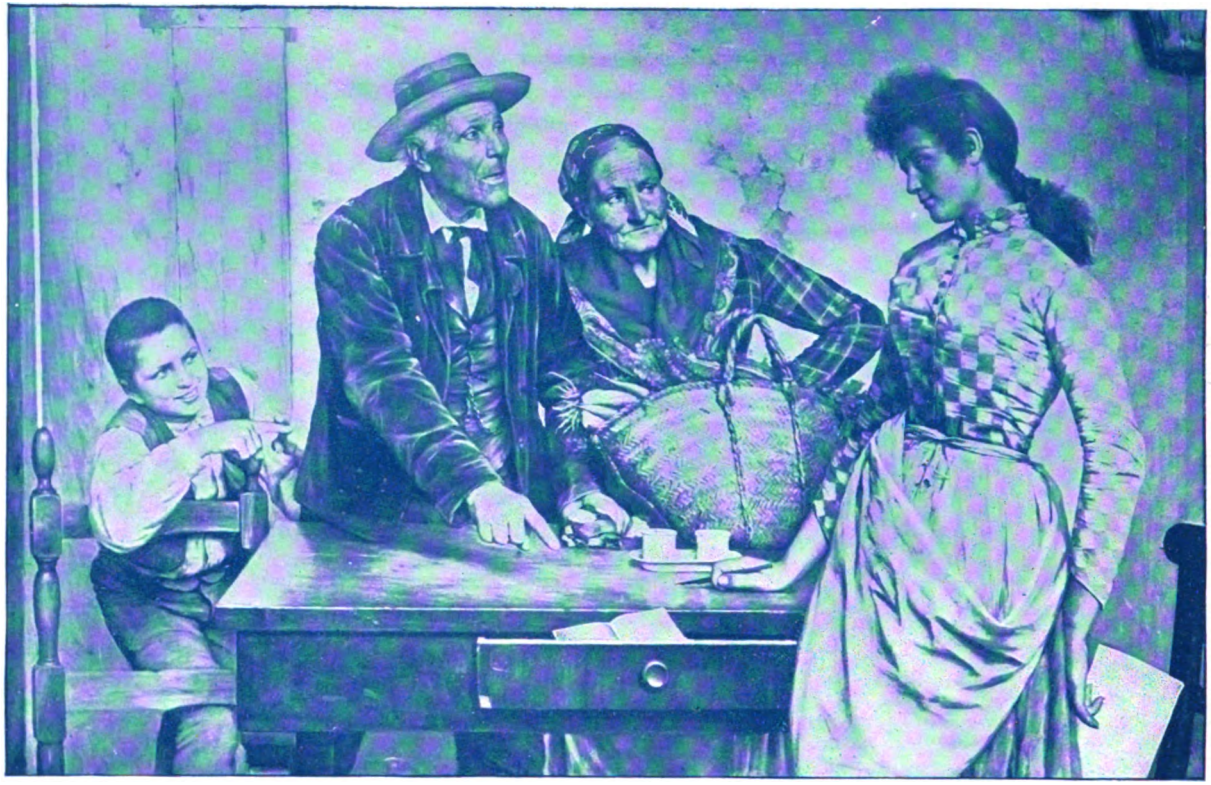

THE CLANDESTINE CORRESPONDENCE.

From the Original Painting by L. Dumini.

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